

File No.: 1991027851A Type: _____

BRUNSWICK COUNTY HEALTH SERVICES
Post Office Box 9 BOLIVIA, NC 28422 (910) 253-2150

IMPROVEMENT PERMIT

PERMIT IS SUBJECT TO REVOCATION IF SITE PLANS OR THE INTENDED USE CHANGE

An Authorization for Wastewater Construction must be attached to the Improvement Permit before any other permit can be issued and before a wastewater system can be installed.

Supporting documents such as the completed application form, site evaluation form, fill plan, etc. are considered a part of the Improvement Permit.

Owner's Name: WHITE RAM L.P. Tax Parcel: 217BA015

Lot s: 137 Block: _____ Sec 2 SUBDIVISION RIVERSIDE

Residential: Water Supply: Private (well) _____ Public

No. of units: 1 No. of bedrooms 3 No. of occupants 6

Commercial: _____ Type of business: _____ No. of employees: _____

Size of septic tank: 900 LTAR: 0.8 gpd/sq.ft. Drainfield sq. feet: 675

No. of Lines: 4 Length ea.: 56 1/2 Trench width na Bed: 12 + 56 1/2 Design Flow gpd: 360

Trench/Bed bottom depth no deeper than: 16 inches Pump tank volume: _____
(if applicable)

If applicable, the following conditions must be met prior to issuance of an **Authorization for Wastewater Construction** and prior to wastewater system installation.

- Keep 100 feet from all water supplies (minimum of 50 feet must be maintained).
- Keep 10 feet from all water lines .
- Keep 10 feet from any property lines (no less than 5 feet for lots recorded prior to 7/1/77)
- Do not drive over, park, pave, or build any structure over the area for the septic tank system and the repair area if applicable.
- Do not install the septic system during wet conditions.
- Maintain Gravity Flow for septic system.
- Drainage Maintenance Required.

Suitable Fill material must be installed exactly per the Health Services Department approved fill plan.

~~Fill check must be completed by the Health Services prior to issue of Authorization for Wastewater Construction Permit.~~

Approved for use of Alternative/Innovative Wastewater System (Specify) _____

Submit Wastewater plans to the Health Services for review/approval

If Septic System Uses Rock Aggregate/Approved Filter Fabric Covering Required

Septic Tank System must be installed per the Construction Authorization Permit.

An "accepted" system may be used in the place of a "conventional" system.

The construction authorization cannot be issued until final storm water plans are received from the applicant. The applicant is responsible for notifying the health services department if any changes are made to the storm water plan and, if so, what those changes are. A letter from the engineer responsible for the storm water plan with the engineer's seal identifying the changes shall satisfy this requirement.

IMPROVEMENT PERMIT ISSUANCE DATE: 03/27/14 EXPIRATION 03/27/19

This permit expires 60 months from the date of issuance unless otherwise specified

Permit Not Valid Unless Signed by Authorized Agent: MARK L. WEEKS P.S.
Signature

Actions of Brunswick County Health Services representatives engaged in the evaluation and determination of measures required to effect compliance with the applicable laws and rules shall in no way be taken as a warranty that sewage treatment and disposal systems approved and permitted will function in a satisfactory manner for any given period of time. Permit is subject to revocation if the site plan or plat whichever is applicable, or the intended use changes.

The issuance of this permit does not preclude the Permittee from complying with any and all statutes, rules, regulations, or ordinances which may be imposed by other government agencies (local, state, and federal) which have jurisdiction.

SEPTIC TANKS SHALL HAVE AN APPROVED EFFLUENT FILTER & ACCESS DEVICES

Rev: 04/10/13

ORIGINAL

Fill Plan By: MLW
Date: 3/19/14

Environmental Health File No. 91/27851A

Brunswick County Health Department
Fill Plan Sketch (Not to Scale)

Fill pad must be located in specific area indicated. Variations may result in the revocation of the Improvement Permit.

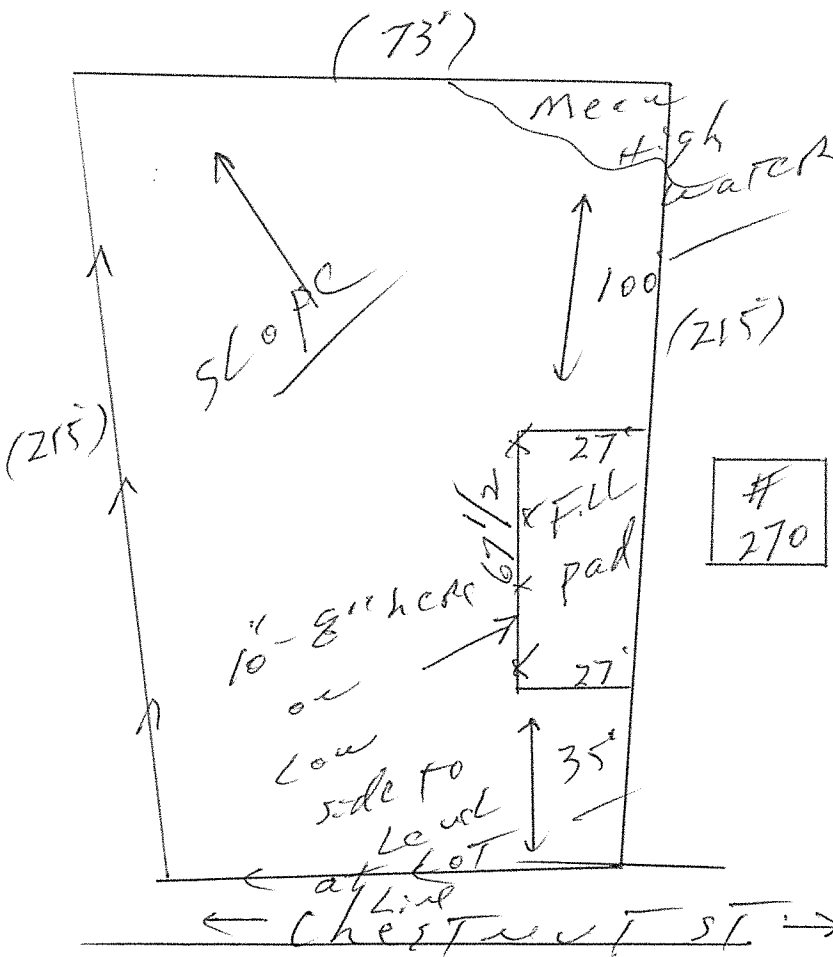
Not to Scale!!!

SYSTEM REQUIREMENTS:

System Type: 11C
Number of Bedrooms: THREE
Type of Business: RESIDENCE
Number of Residents: 6
Septic Tank Size: 900
LTAR: 0.8 Sq. Ft. 675
No. Lines: 4 Length Ea. 56 1/2'
Line Width: 3' Line Center: 3' ^{of} ST
Line Depth: 18" From top FILL
Fill Depth: 8" to level
Fill Area: see drawing

CONDITIONS!!!

- 1) Read fill plan very carefully!
- 2) Properly prepare approved septic location for required fill to be added.
- 3) Landscaping of site by addition of fill only!
- 4) Place fill on site in EXACT location shown. LEVEL surface of fill over system area and buffer zone. Slope as required. Call for a FILL CHECK when ready.
- 5) Raise plumbing of structure to allow sufficient gravity flow to septic system in fill.
- 6) No driving over any part of the septic system or repair area!!!
- 7) No decks, porches, sheds, patios, pools, etc. over any part of septic system or repair area.
- 8) Keep all setbacks as shown!!!
- 9) Remove all trees as needed
- 10) Elevate house as needed
- 11) call 910-253-2257 w/



12-) septic Tank must go at Front (Road) end of FILL pad

BRUNSWICK COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PO BOX 9, BOLIVIA, NC 28422

SOIL COVER PLAN FOR SHALLOW PLACEMENT WASTEWATER SYSTEM

Six Inch Cap

In some cases your property can be modified in order to install a shallow placement conventional septic tank system. A commonly accepted Site Modification is the use of a soil cover (six inch cap).

The soil cover shall be group I soil (sand to sandy loam) or whatever the native soil is for the first 6 inches of the original soil. The six inch cap/soil cover will be placed in an area designated for the septic system to overcome limitations of the site due to shallow soils, shallow seasonal high water tables, restrictive soil horizons and other soil characteristics. The soil cover is placed on a site to raise the area for the nitrification drain lines.

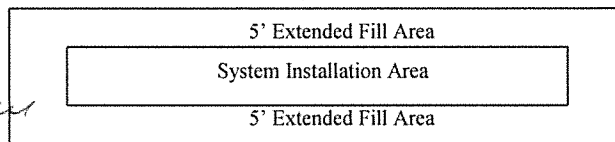
The following soil cover plan is for your proposed site and may be subjected to revision if the information changes on your Improvement Permit.

Soil Cover Plan for Rasa Love

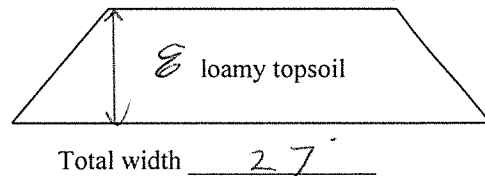
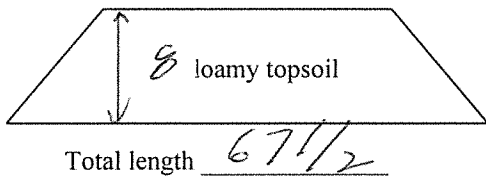
Soil Cover Plan Prepared by MARK L. WICKS Date 3/19/17

Design Flow Rate 360
Application Rate 0.8
Total depth of soil cover 8" to level
Total area of soil cover 67 1/2' x 27'

Top view (not to scale)



Cross sections (not to scale)



Soil Cover Procedure:

1. Prior to installation of soil cover, remove vegetation and root mat and disk fill area
2. This area including 5' extended soil cover area shall be covered with 6" of sand to loamy sand textured soil (group I) or whatever the native soil is in the first 6 inches of the original soil on this site. The cover is to establish vegetative ground cover after system is installed at grade.
3. Achieve level grade along long axis of fill.
4. The six inch cap system shall be shaped to shed surface water.
5. Call for inspection by Health Department.
6. After installation of the sewage system, the soil cover area shall be shaped to shed surface water and seeded with grass and covered with hay, pine straw or an approved landscape fabric to establish vegetative ground cover.

Notes: Home site may need to be modified/raised to insure gravity flow to system.

Read

EHS Signature _____ Date _____

This signature affirms that the fill as described above has been checked and approved by the above Environmental Health Specialist.

***** SEE SOIL COVER PLAN SKETCH *****

SOIL COVER PAD MUST BE INSTALLED IN AREA DESIGNATED BY HEALTH DEPT