

BRUNSWICK COUNTY HEALTH DEPARTMENT

FILE NO.: 2002059036A  
ZONING: 2007062680

DATE REC.: 3/9/2007

P.I.N.:

SMIT KEVIN ET THERESA

440.00

230MD007

REC. FROM

AMT. PD.

TAX PARCEL

103 TASMAN COURT

CARY

NC

27513

(919) 461-0958

ADDRESS

CITY

ST

ZIP

PHONE

SMIT KEVIN ET THERESA

OYSTER HARBOUR AT HO

493R

Ph. IV 1

CURRENT PROPERTY OWNER

SUBDIVISION

LOT

BLK

SEC

PROPERTY LOCATED, TOWN/CITY/AREA/ BRUNSWICK COUNTY

Directions: HWY 17S, LEFT AT MT. PISGAH, LEFT AT HOLDEN BEACH RD, RIGHT ON OXFORD,

AUTHORIZATION FOR WASTEWATER CONSTRUCTION PERMIT

NEW  REVISION  RELOCATION  UPGRADE  REPAIR

Design Flow: 480 gpd. Septic Tank Size: 1000 gal. Type: IIA

No. Bedrooms 4 No. occupants/employees 8 Max. Trench/Bed Bottom Depth: 24" inches

No. Lines: 6 Length Each: 40' Bed Dimensions: 18' x 40'

Fill Check: N/A

Approved:

Authorized Agent

PERMIT ISSUE DATE: 04/11/08 Permit expires 60 months from date of issue unless otherwise specified

30 days from date of issue

Other

Authorized Agent

Frederick B. Winters

Registration: # 2012

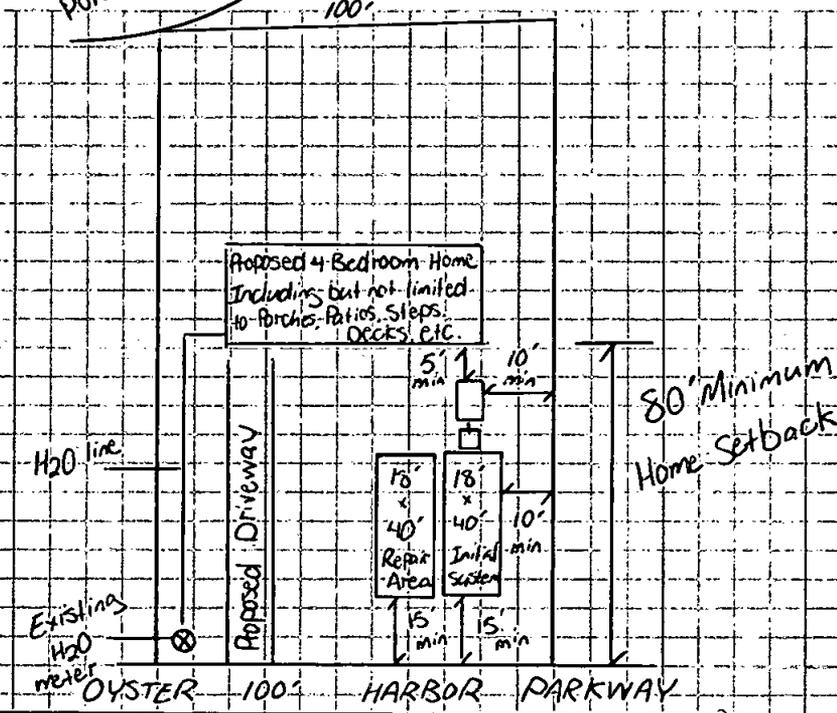
NOTE: PERMIT IS SUBJECT TO REVOCATION IF SITE PLANS OR THE INTENDED USE CHANGES.

NOTES:

1. Septic Tank shall have an approved effluent filter and access devices as applicable.
2. Maintain all setback distances for septic tank systems and wells.
3. All components of the septic systems shall be located 100 feet from well.
4. An "Accepted" system may be used in the place of a "conventional" system.

POND IMPROVEMENT PERMIT CONDITIONS MUST BE MET.

★ Diagram Not to Scale ★



- 1 Do not park or drive over ANY part of septic system or repair area!
- 2 Keep ALL wells 100', water lines 10', Property lines 10', Ponds 50', vertical cuts > 2' 15' MINIMUM from ANY part of ANY septic system.
- 3 Elevate home to obtain Gravity Flow to septic system OR submit Pump plans to the BCHD.
- 4 Follow ALL setbacks.

Wastewater System Installer: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: (tank info/barrier approved) \_\_\_\_\_

Rock \_\_\_\_\_ Polystyrene Aggregate \_\_\_\_\_ Chamber \_\_\_\_\_ Other \_\_\_\_\_

OPERATION PERMIT: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Agent Signature

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