



Brunswick County Health Services

25 Courthouse Dr. NE; PO Box 9
Bolivia, NC 28422
(910) 253-2250 1-888-428-4429



Cris Harrelson, Director

January 14, 2022

Irina Zaslavskaya
925-18 Seaside Rd SW
Ocean Isle Beach NC 28469

BCHD Permit: 2021075912
PID #: 243PL01603

The site evaluation for **Lot 3 THORPE LANDING RD SW 28469** been completed, and the following permits may be picked up at the Environmental Health Office located in Building A. If paid on or before **June 30, 2022**, the permit fee will be **\$300.00**. Please feel free to contact our office if you have any questions.

System Type: 2A

Construction Authorization Permit

Enclosed are the following additional Permits:

Improvement Permit

Improvement Permit with site modifications such as fill plan

Well Permit

Property development using subsurface wastewater treatment and disposal requires the issuance of three different permits. These are the Improvement Permit; Construction Authorization Permit; and Operation Permit.

Prior to obtaining any building inspection permits you must have the Improvement Permit and Construction Authorization Permit.

Per NC Law all Health Services permits are subject to be revoked if there are any changes in the site plan or intended use of the permitted wastewater system. An Operation Permit will be issued once the septic tank system has been installed and approved and (if applicable) well has been installed and approved. If you have any questions, please contact this office Monday through Friday 8:30 am to 5:00 pm.

Thank you.

***This letter is for informational purposes only and should not be considered a legal document. ***

Zoning – N/A

File No.: 2021075912

Type: 2-A

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: THORPE BARBARA ANN Tax Parcel 243PL016

Lot s: 3 Block: _____ Sec _____ SUBDIVISION _____

Residential: Y Water Supply: Private (well) X 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: 1.0 gpd/sq.ft. Drainfield sq. feet: 360


No. of Lines: 2 Length ea.: 60' Trench width 36" Bed: N/A Design Flow gpd: 360

Trench/ Bed bottom depth no deeper than: 24" 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.
- Submit approved storm water plans if applicable.
- Repair Area: Equal to initial
- See the attached Site Plan for the wastewater system location

IMPROVEMENT PERMIT ISSUANCE DATE: 1/13/22 EXPIRATION 1/13/27
This permit expires 60 months from the date of issuance unless otherwise specified

Permit Not Valid Unless Signed by Authorized Agent: _____
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



BRUNSWICK COUNTY HEALTH

BCHD File No: 2021075912

Well Permit

County Code:

Permit Subject to Revocation if Site Plan or intended Use Changes.

New **Repair** **Abandonment**

Owner/ Legal Representative: **Zaslavskaya Irina**

Tax Parcel: **243PL016** GIS Address: **1791 THORPE LANDING RD SW 28469**

Mailing Address: **925-18 Seaside Rd SW** Subdivision:
Ocean Isle Beach NC 28469

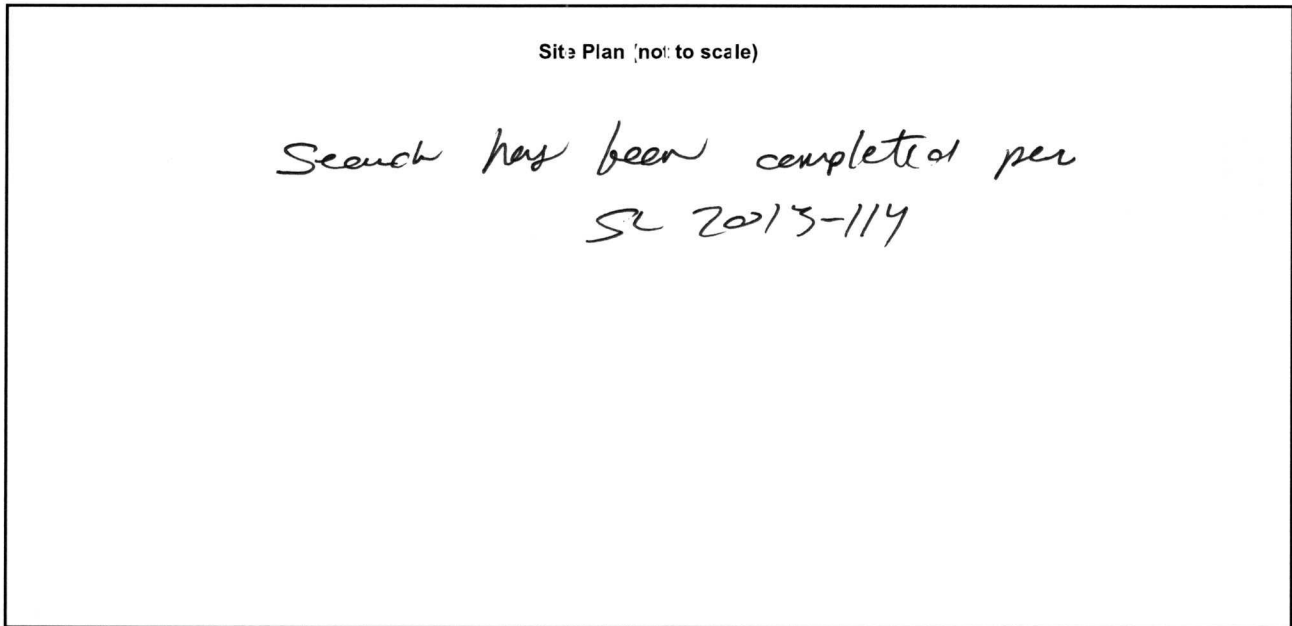
Telephone: **8477974880**

Lot: **3** Block: Section:

See the attached Site Plan for the well location

Well must be installed in accordance with the Brunswick County Well Ordinance and the North Carolina Well Construction Standards (15A NCAC 2C)

See Reverse Required Minimum Setback Distances



Signature of Authorized Agent: [Signature] Permit Issue Date: 1/13/22
(PERMIT EXPIRES 5 YEARS FROM DATE OF ISSUE)

Grout Inspection: _____ Date: _____ OR

Contractor Certification for Grouting Not Witnessed By Department: _____ Date: _____

Well Abandoned By: _____ Date: _____

CERTIFICATE OF COMPLETION

Well Installer: _____ Certification No.: _____ Date Installed: _____

GPS Coordinates: _____

Signature of Authorized Agent: _____ Date: _____

Construction has been completed, a Residential Well Construction Record Form GW-1a has been submitted, and inspections have been completed in accordance with 15A NCAC 02C.

Issuance of Certificate of Completion is not to be taken as a guarantee of the quality of water obtained from this private water supply well.

Owner/Authorized Agent must contact BCHD for collection of water sample after the well has been properly disinfected and electrical power is provided. To request sample, call 253-2150 or 1-888-428-4429.



BRUNSWICK COUNTY HEALTH

BCHD File No: 2021075912

Well Permit

County Code:

Permit Subject to Revocation if Site Plan or intended Use Changes.

LOCATION STANDARDS FOR DOMESTIC DRINKING WATER WELL

A domestic drinking water supply well shall not be located in an area generally subject to flooding. The minimum horizontal separation distance between a well intended for a single family residence or other non-public water system, and potential sources of groundwater contamination, which exist at the time the well is constructed, shall be as follows unless otherwise specified:

A. Septic Tank and drainfield	100 ft
B. Other subsurface soil absorption wastewater disposal system	100 ft
C. Industrial or municipal sludge-spreading or waste irrigation system	100 ft
D. Watertight sewage or liquid-waste collection or transfer facility	50 ft
E. Other sewage and liquid-waste collection or transfer facility	50 ft
F. Cesspools and privies	100 ft
G. Animal Feedlots or manure piles	100 ft
H. Fertilizer, pesticide, herbicide or other chemical storages areas	100 ft
I. Non-hazardous waste storage, treatment or disposal lagoons	100 ft
J. Sanitary landfills	100 ft
K. Other non-hazardous solid waste landfills	100 ft
L. Animal Barns	100 ft
M. Building Foundation	25 ft
N. Surface water bodies which act as sources of groundwater recharge, such as ponds, lakes, and reservoirs	50 ft
O. All other surface water bodies, such as brookes, creeks, streeams, rivers, soudns, bays, and tital esturaries	25 ft
P. Chemical or petroleum fuel underground storage tanks regulated under 15A NCAC 2N:	
i. with secondary containment	50 ft
ii. without secondary containment	100 ft
iii. storage tanks of 1,100 or less with contain petroleum fuels used for heating equipment, boilers, or furnaces	50 ft
Q. All other potential sources of groundwater contamination	50 ft

For a well serving a single family swelling where lot size or other fixed conditions preclude the separation distances specified above, the required separation distances shall be the maximum possible but shall in no case be less than the following:

A. Septic tank and nitrification fields	50 ft
B. Watertight sewage or liquid-waste collection or transfer facility	25 ft
C. Animal barns	50 ft
D. Cesspools or privies	50 ft



Brunswick County Health Services

25 Courthouse Drive N.E., Post Office Box 9
Bolivia, North Carolina 28422-0009
910-253-2250 1-888-428-4429




David M. Stanley III, Executive Director
Health and Human Services Agency

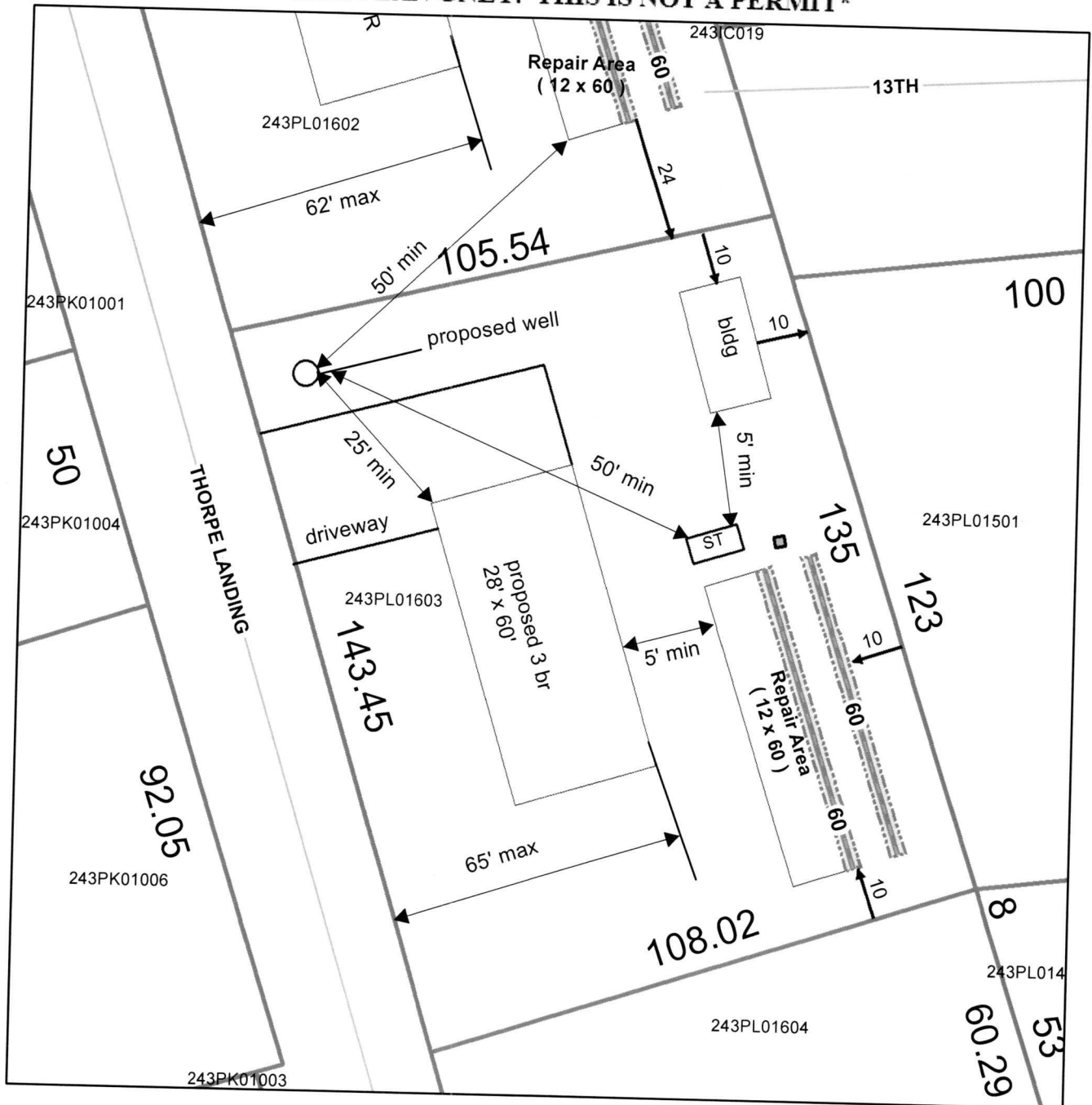
Cris Harrelson, Director
Department of Health Services

Site Plan For (Check One): Improvement Permit Fill Plan Authorization to Construct Permit
 Well Permit Proposal

Date: 1/13/22
BCHS #: 2021075912
Tax Parcel #: 243PL01603


REHS Signature

SITE PLAN ONLY. THIS IS NOT A PERMIT



30 15 0 30 Feet

1 inch = 30 feet