

Craven County Health Department
P.O. Drawer 12610 New Bern, NC 28561
(252) 636-4936 (252)636-1474 Fax

WORKING TOGETHER FOR YOUR HEALTH

IMPROVEMENT PERMIT # 46773
APPLICATION # 23433
I.P. MODIFICATIONS COMPLETED: N/A
(DATE / DOLLARS)

NEW REPAIR FLOW INCR. CHANGE OF USE

APPLICANT: Robert Nobiles
ADDRESS: 610 State Camp Rd CITY/STATE: Winceboro NC ZIP: 28386
PHONE NUMBER: (h) 252-5616 (w) (mobile) (fix) (page)

PROPERTY DESCRIPTION:

PID# 1007034 LOT SIZE/AREA: 1.00 S.R.# --- WATER SUPPLY: PUBLIC PRIVATE
SITE ADDRESS: State Camp Rd SUBDIVISION: --- LOT# --- SEC# ---
DIRECTIONS: Take River Rd to State Camp Rd, take a rt. at weather turn
610 State Camp Rd. Follow dirt to job site.

FACILITY DESCRIPTION:

FACILITY TYPE: RESIDENTIAL OTHER (SEE CONDITIONS)
DESIGN FLOW (gpd) 300 # BEDROOMS 3 # OCCUPANTS 6 or less
WASTEWATER CHARACTERISTICS: DOMESTIC INDUSTRIAL PROCESS
SITE MODIFICATIONS (MUST BE INSTALLED AND APPROVED PRIOR TO ISSUANCE OF THE CONSTRUCTION AUTHORIZATION):
 DRAINAGE FILL MATERIAL OTHER (SEE CONDITIONS) NONE

CONDITIONS:

PROPOSED WASTEWATER SYSTEM:

SYSTEM TYPE T/C SYSTEM AREA REQUIRED 21 ft X 50 ft THIS IS NOT A ROCK SYSTEM
REPAIR AREA TYPE T/C REPAIR AREA REQUIRED 21 ft X 50 ft PLEASE NOTE THE SYSTEM TYPE

THIS PERMIT IS SUBJECT TO REVOCATION IF SITE PLANS, SITE CONDITIONS, OR THE INTENDED USE CHANGE. BOTH IMPROVEMENT PERMIT & CONSTRUCTION AUTHORIZATION ARE REQUIRED PRIOR TO BEGINNING CONSTRUCTION, LOCATION OR RELOCATION ACTIVITIES.

DATE: 4-7-00 AUTHORIZED AGENT: Jamie L. Hays, II I.P. EXPIRATION DATE: 4-7-05

TABLE 0.9 NITRIFICATION FIELD (sq. ft) 450 SYSTEM TYPE T/C SYSTEM AREA REQUIRED 21 ft X 50 ft
TRENCH BOTTOM DEPTH (in.) 18 ABOVE ORIGINAL GRADE BELOW ORIGINAL GRADE

SEPTIC TANK (gal.) 1000 PUMP TANK (gal.) --- GREASE TRAP (gal.) --- THIS IS NOT A ROCK SYSTEM
REPAIR AREA TYPE T/C REPAIR AREA REQUIRED 21 ft X 50 ft PLEASE NOTE THE SYSTEM TYPE

CONDITIONS: Install 3-5' x 50' drainlines with trench bottoms no deeper than 18". Proposed well must be located at least 100' from any part of the septic system.

CONSTRUCTION AUTHORIZATION VALID FOR THE PERIOD OF VALIDITY OF THE IMPROVEMENT PERMIT, NOT TO EXCEED FIVE YEARS
DATE: 4-7-00 AUTHORIZED AGENT: Jamie L. Hays, II C.A. EXPIRATION DATE: 4-7-05

THIS OPERATION PERMIT INDICATES ONLY THAT THE SYSTEM HAS BEEN INSTALLED IN ACCORDANCE WITH STATE REGULATIONS AND IN NO WAY SHOULD BE TAKEN AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORILY FOR ANY GIVEN LENGTH OF TIME.

INSTALLER: Dean Broadway FEE: N/A
INSPECTION COMMENTS: TANK, D-BOX, ROCK
Drainlines o.k. Dry weather installation
- CW 10/19/00

DATE: 10/19/00 AUTHORIZED AGENT: Courtney Wademan R.S. INSTALLED SYSTEM TYPE: 2C

SEE "AS-BUILT" STAMPED SKETCH

8/7/00
FPS-1020
STB-11

SKETCH AS INSTALLED

Dean Broadway

CONDITIONS OF THE OPERATION PERMIT

A copy of this operation permit shall be given to the owner and shall remain in the possession of the owner (and subsequent owners) for the life of the wastewater system.

Final approval for this system indicates only that the system has been installed in accordance with state regulations, but in no way should be taken as a guarantee that the system will function satisfactorily for any given length of time.

The system must be operated in accordance with the laws (Article 11 of Chapter 130A of the General Statutes of North Carolina) and rules (North Carolina Administrative Code T13A. 10A. 1900) for sewage treatment and disposal systems, and the conditions specified in the improvement permit, authorization for wastewater system construction, and this operation permit.

This permit may be suspended or revoked if the soils fail to adequately absorb and treat the wastes. The system must be operated and maintained in a manner which will not create a public health hazard or nuisance by discharging to the ground surface, surface waters, or ground water at any time during the operation of the system.

The owner shall keep the plumbing system in the facility in good repair and eliminate leaks, trips, or excess flows as they are found.

This operation permit may become invalid and be suspended or revoked should the facility type, wastewater characteristics, or design flow change.

Adequate measures shall be taken to divert stormwater from the disposal field area.

The designated repair area shall be reserved for the installation of additional aeration fields and is not to be covered with structures or impervious materials.

The owner/operator shall report by telephone or in person to the Craven County Health Department (252) 636-4936 as soon as possible, but in no case more than 48 hours upon finding the system is malfunctioning (i.e. the surfacing or backing-up of effluent, or the discharging of effluent directly into groundwater or surface water) or when repairs are needed.

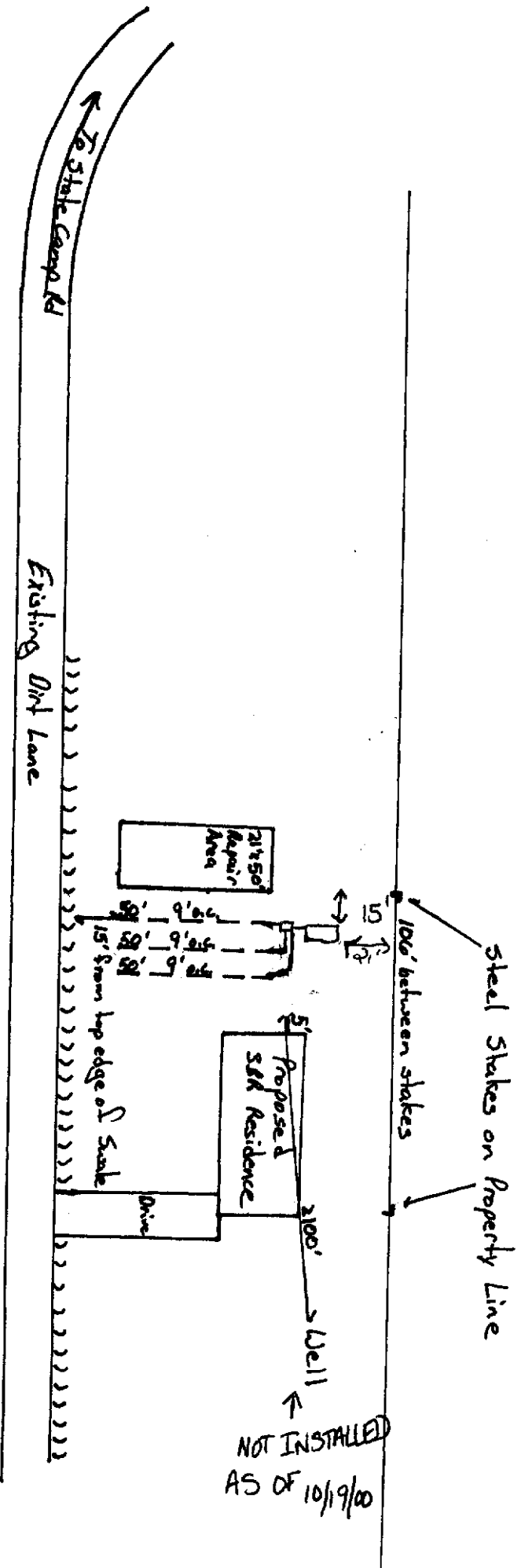
Any duly authorized officer, employee, or representative of the Craven County Health Department may, upon presentation of credentials, enter and inspect any property, place, or premises on or related to the disposal site and system at any reasonable time for the purpose of determining compliance with this permit; may inspect or copy any records that must be kept under the terms and conditions of this permit; or may obtain samples of wastewater, effluent, groundwater, surface water, or leachate.

System types IVe and higher will require a certified system operator. Contact the Craven County Health Department at (252) 636-4936 for a Wastewater System Operator Designation form.

AS BUILT

CRAVEN COUNTY HEALTH DEPARTMENT
APPROVED

PERMIT # 462773
AWSC 462773-1
DATE 4-7-00
BY Jon Shucky



NO DIRT

THE ASSOCIATED BELL TELEPHONE
SYSTEM COMPANY, NEW YORK, N.Y.

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