

QAN



IMPROVEMENT PERMIT

Craven County Health Department
Environmental Health Section
2818 Neuse Blvd., P.O. Drawer 12610
New Bern, NC 28561
Phone: (252) 636-4936

20-1612

For Office Use Only

*CDP File Number: 326584 - 1
County ID Number: 1-046-1 -115
Evaluated For: NEW

PERMIT VALID UNTIL: Valid w/o expiration

***NOTE TO INSPECTIONS DIVISION:** Building Permits cannot be issued with this Improvement Permit.

Applicant: Bill Clark Homes of Greenville, LLC

Address: 200 E. Arlington Blvd, Suite A

City: Greenville

State/Zip: NC 27858

Phone #: wrk: (252) 355-5805 cell :(252) 814-1481

Property Owner: Bill Clark Homes of Greenville,

Address: 200 E. Arlington Blvd, Suite A

City: Greenville

State/Zip: NC. 27858

Phone #: wrk: (252) 355-5805 cell :(252) 814-1481

Property Location & Site Information

Address/Road #: 121 Trellis Lane Vanceboro, NC 28586 Subdivision: The Gardens Phase Two at Swift Creek Plantation Phase: NEW Lot: 115

Directions

Structure: SINGLE FAMILY 121 Trellis Lane
of Bedrooms: 4 Vanceboro, NC 28586
of People: 8
*Water Supply: PUBLIC

System Specifications

Initial System

*Site Classification: Provisionally Suitable Minimum Trench Depth: 12 Inches

Design Flow: 480 Maximum Trench Depth: 18 Inches

Soil Application Rate: 0.8000 Septic Tank: 1000 Gallons

*System Classification/Description: TYPE II C. CONV. SYSTEM WITH SHALLOW PLACEMENT

1-Piece: Yes No

Pump Required: Yes No May Be Required

*Proposed System: OTHER Pump Tank: _____ Gallons

1-Piece Yes No

Repair System Required: Yes No No, but has Available Space

Repair System

*Site Classification: Provisionally Suitable Minimum Trench Depth: 12 Inches

Soil Application Rate: 0.800 Maximum Trench Depth: 18 Inches

*System Classification/Description: TYPE II C. CONV. SYSTEM WITH SF

Pump Required: Yes No May Be Required

*Proposed System: OTHER



CONDITIONS OF THE IMPROVEMENT PERMIT

GENERAL:

Do not disturb the area designated for the wastewater system and repair area. The improvement permit can become invalid and be revoked if the site or soil conditions are altered.

The improvement permit allows only those site improvements necessary for the proper functioning of the system, such as fill or drainage. Call for inspection after the improvements are installed. Do not install the wastewater system until the construction authorization is issued.

A pump, pump chamber, and all appurtenances may be required at any time if gravity feed cannot be maintained. This addition must be approved by the health department prior to installation.

System types 4A and higher will require a certified system operator. A contract shall be executed between the system owner and the operator, and a copy submitted to the health department, prior to the issuance of the operation permit. It shall be a condition of the operation permit that subsequent owners of the system execute such a contract. It shall be the responsibility of the owner to inform potential subsequent owners of the system type, operational needs and contract requirements.

You should contact a Utility Locator Service to identify and mark buried utilities prior to digging on your lot.



Call or Click 811 Before You Dig

FILL SYSTEMS (MOUND SYSTEMS):

Any required fill material must be placed on the site per the attached fill (mound) system specification sheet.

DRAINAGE SYSTEMS:

Drainage must be installed in accordance with the cut sheet. A new cut sheet will be required if the reference markers are moved or destroyed. Drainage systems required as part of the improvement permit must be inspected prior to issuance of the construction authorization.

TRANSFERABILITY:

The improvement permit shall not be affected by change of ownership of the site for the wastewater system provided both the site for the wastewater system and the facility the system serves are unchanged and remain under the ownership or control of the person owning the facility.

SYSTEM SUBSTITUTIONS:

A septic system designated as "accepted" status by NC-DHHS may be substituted for a conventional system, or another accepted system, without prior approval of the health department as long as no changes are necessary in the location of each drainline, trench depth, or distribution method.

Table of System Types

1A-1E	Contact Health Department for details	3E	PPBPS system, gravity dosed
2A	Conventional or Accepted septic system (< 480 gpd or single-family residence)	3F	Large diameter pipe system
2B	Conventional or Accepted septic system (≤ 750 linear ft of drainline)	3G	Other non-conventional trench systems
2C	Conventional or Accepted septic system with shallow placement	4A	Any system with LPP distribution
3A	Conventional or Accepted system > 480 gpd (except single-family residence)	4B	System with more than 1 pump or siphon
3B	System with single effluent pump or siphon	5A-5D	Contact Health Department for details
3C	Gravity fill system	6A-6B	Contact Health Department for details
3D	Dual gravity-field system		

NOTE:

This permit does not exempt you from any rule, regulation or ordinance of any federal, state, and/or local agency nor any restrictive covenant. You must comply with all restrictive covenants, rules, regulations or ordinance prior to building, locating or relocating a residence, business, or place of public assembly.

***Site Modifications**

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

***Permit Conditions**

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

Initial and repair systems are both 18' X 50' bed systems with 12-18" trench bottoms. 6" of cover will need to be brought in.

- Maintain 5' setback from septic areas with any building foundations.
- Maintain 10' setback with any water or property lines.
- If gravity fall cannot be achieved a pump will be required.
- Protect septic areas from any vehicular traffic.

Site Plan

The Improvement Permit shall be valid for 5 years from date of issue with a site plan (means a drawing not necessarily drawn to scale that shows the existing and proposed property lines with dimensions, the location of the facility and appurtenances, the site for the proposed Wastewater system, and the location of water supplies and surface waters).

Plat

The Improvement Permit shall be valid without expiration with plat (means a property surveyed prepared by a registered land surveyor, drawn to a scale of one inch equals no more than 60 feet, that includes: the specific location of the proposed facility and appurtenances, the site for the proposed Wastewater system, and the location of water supplies and surface waters. Plat also means, for subdivision lots approved by the local planning authority and recorded with the county register of deeds, a copy of the recorded subdivisions plat that is accompanied by a site plan that is drawn to

The Department and Local Health Department may impose conditions on the issuance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation if the site plan, plat, or intended use changes (NCGS 130a-335(f)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting, and repair (.1938(b)).

Applicant/Legal Reps. Signature Required ? Yes No

Applicant/Legal Reps. Signature: _____

Date:

*Issued By: Beattie-Sergio, Gabriel

Date of Issue: 07/16/2020

Authorized State Agent: *Carl Pedro Sergio*

Valid without Expiration ?

Hand Drawing

Import Drawing

****Site Plan/Drawing attached.****



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BED SYSTEM SPECIFICATION SHEET

(Not to Scale)

Check the boxes that apply to this permit



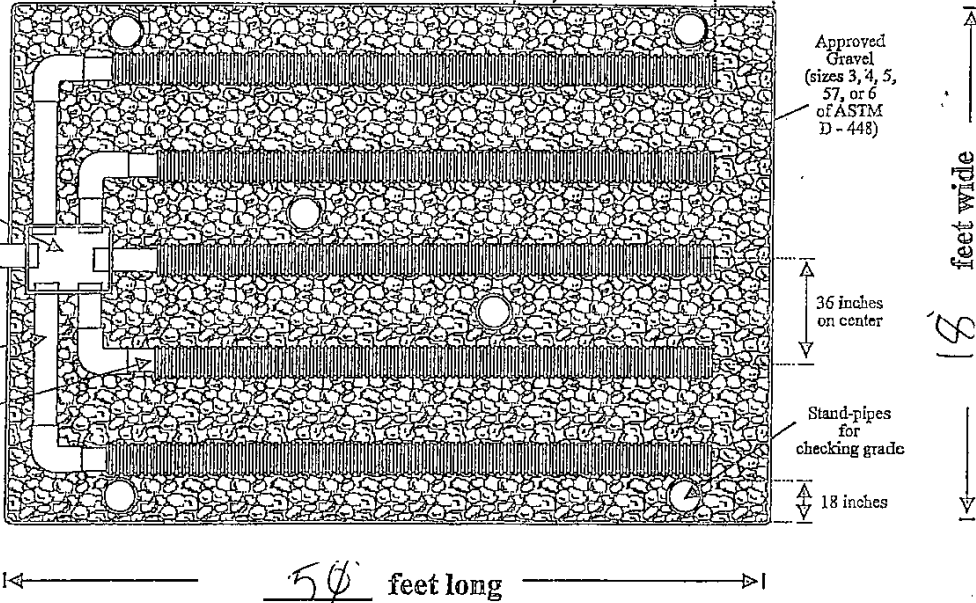
Aerial View of 9000 square foot bed with 6 lines: 18 inches

D-box with dial-a-flows or other approved effluent distribution device.
(Note: Can be placed outside of bed if necessary.)

From Septic Tank

3 or 4 inch solid Sch. 40 PVC

Approved 4 inch diameter corrugated perforated plastic drain pipe. 5 lines (pipes) shown just as an example. Install the number of lines hand-written above.



Approved Gravel (sizes 3, 4, 5, 57, or 6 of ASTM D - 448)

18 feet wide

36 inches on center

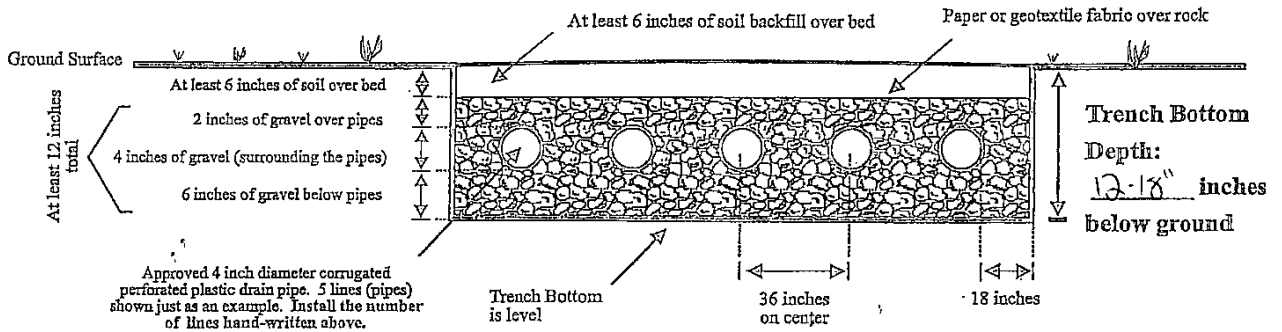
Stand-pipes for checking grade

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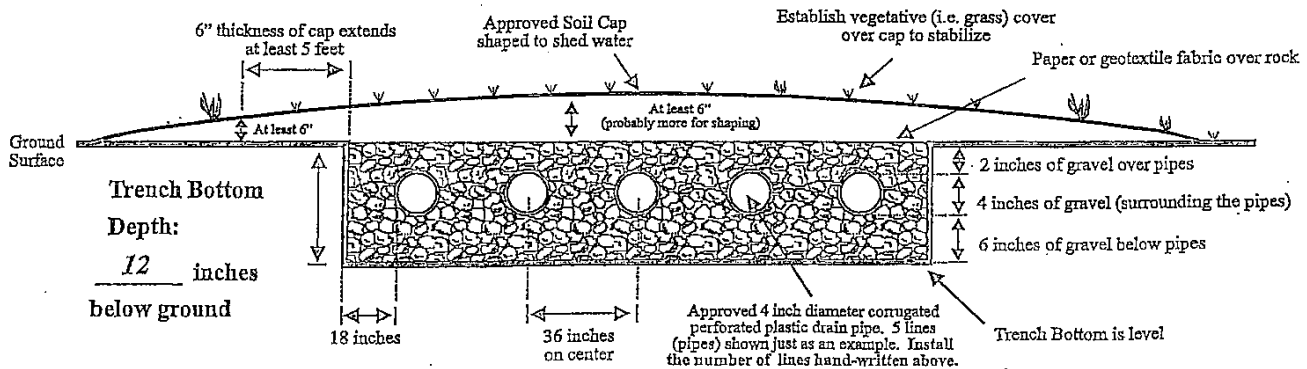
50 feet long



End View (Conventional Bed):

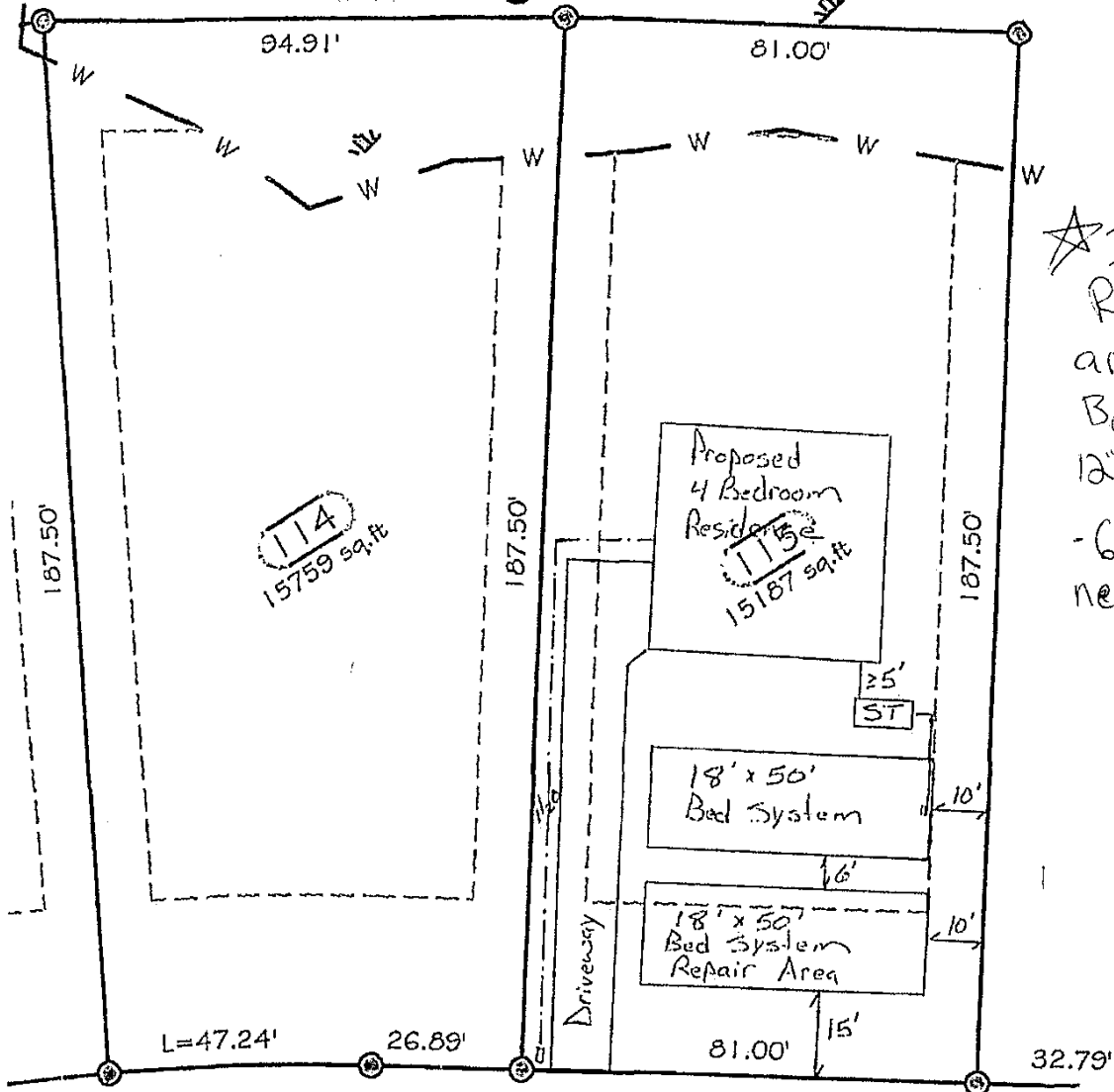


End View (Ultra-Shallow Bed):



AOK

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★ Initial and Repair Systems are both 18'x50' Bed Systems with 12"-18" trench bottoms. - 6" of cover will need to be brought in.

0+00

GRAVEN COUNTY HEALTH DEPARTMENT
APPROVED

IP# 26-1612
IP DATE 7/14/20 BY [Signature]
CA# _____
CA DATE _____ BY _____

- Maintain 5' setback from septic and repair areas with building foundations.
- Maintain 10' setback with any water lines.
- If gravity fall cannot be achieved a pump will be required.
- Protect septic areas from vehicular traffic and other destructive uses.

Scale = 1" = 40'

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TYPE II C. CONV. SYSTEM WITH SHALLOW PLACEMENT

*Proposed System:
OTHER

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Maximum Trench Depth: 18 Inches

Septic Tank: 1000 Gallons

1-Piece: Yes No

Pump Required: Yes No May Be Required

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Applicant/Legal Reps. Signature Required ? Yes No

Applicant/Legal Reps. Signature: _____

Date:

*Issued By: Beattie-Sergio, Gabriel

Date of Issue: 07/16/2020

Authorized State Agent: *Carl Pedro Sergio*

Valid without Expiration ?

Hand Drawing

Import Drawing

****Site Plan/Drawing attached.****



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BED SYSTEM SPECIFICATION SHEET

(Not to Scale)

Check the boxes that apply to this permit



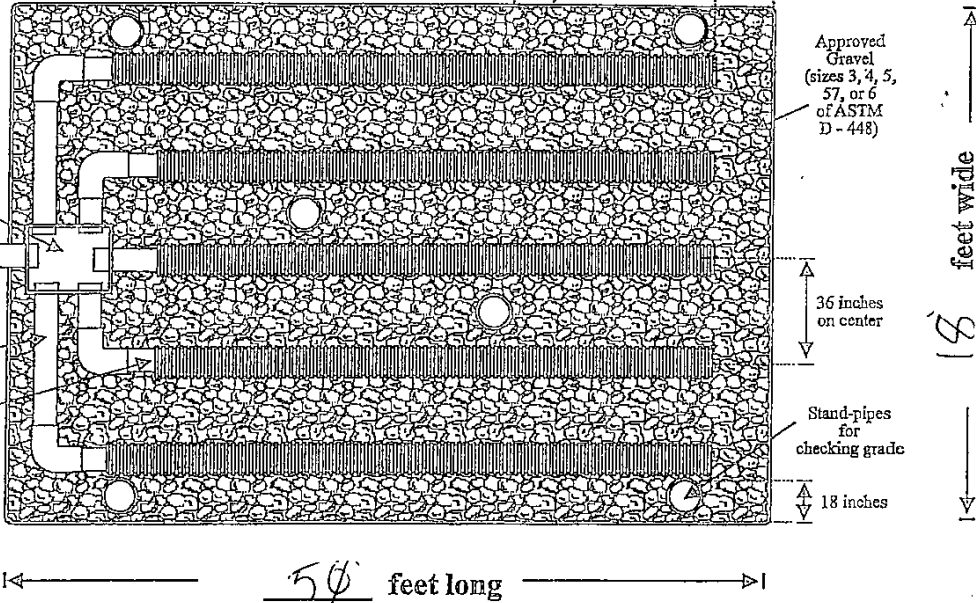
Aerial View of 9000 square foot bed with 6 lines: 18 inches

D-box with dial-a-flows or other approved effluent distribution device.
(Note: Can be placed outside of bed if necessary.)

From Septic Tank

3 or 4 inch solid Sch. 40 PVC

Approved 4 inch diameter corrugated perforated plastic drain pipe. 5 lines (pipes) shown just as an example. Install the number of lines hand-written above.



Approved Gravel (sizes 3, 4, 5, 57, or 6 of ASTM D - 448)

18 feet wide

36 inches on center

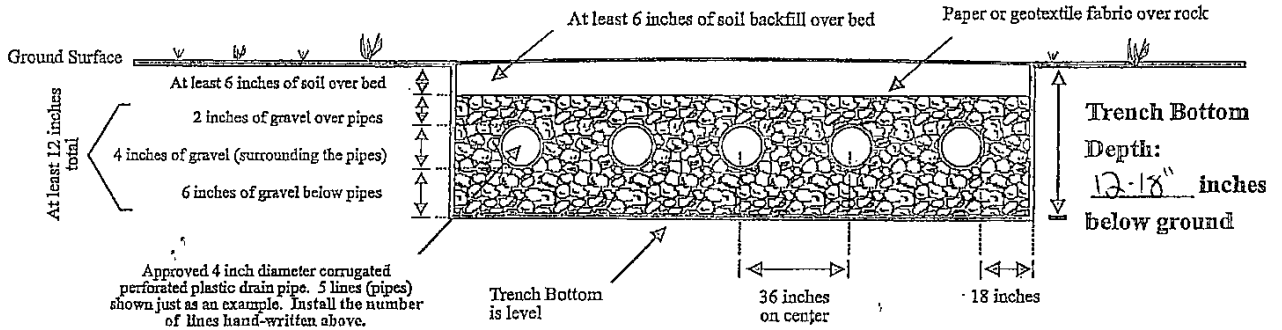
Stand-pipes for checking grade

18 inches

50 feet long



End View (Conventional Bed):



Ground Surface

At least 12 inches total

At least 6 inches of soil over bed
2 inches of gravel over pipes
4 inches of gravel (surrounding the pipes)
6 inches of gravel below pipes

Approved 4 inch diameter corrugated perforated plastic drain pipe. 5 lines (pipes) shown just as an example. Install the number of lines hand-written above.

Trench Bottom is level

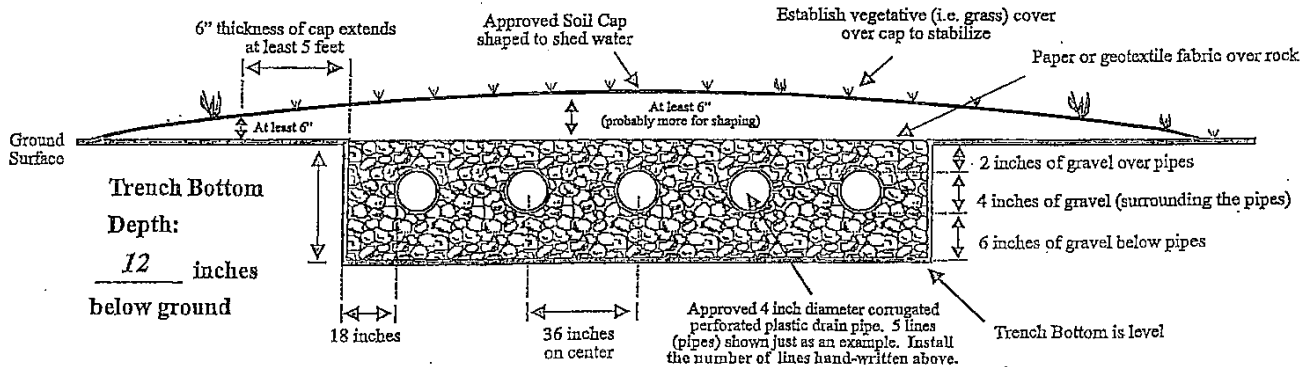
36 inches on center

Paper or geotextile fabric over rock

Trench Bottom Depth: 12-18 inches below ground



End View (Ultra-Shallow Bed):



Ground Surface

Trench Bottom Depth: 12 inches below ground

6" thickness of cap extends at least 5 feet
At least 6"

Approved Soil Cap shaped to shed water

Establish vegetative (i.e. grass) cover over cap to stabilize

Paper or geotextile fabric over rock

At least 6" (probably more for shaping)

2 inches of gravel over pipes
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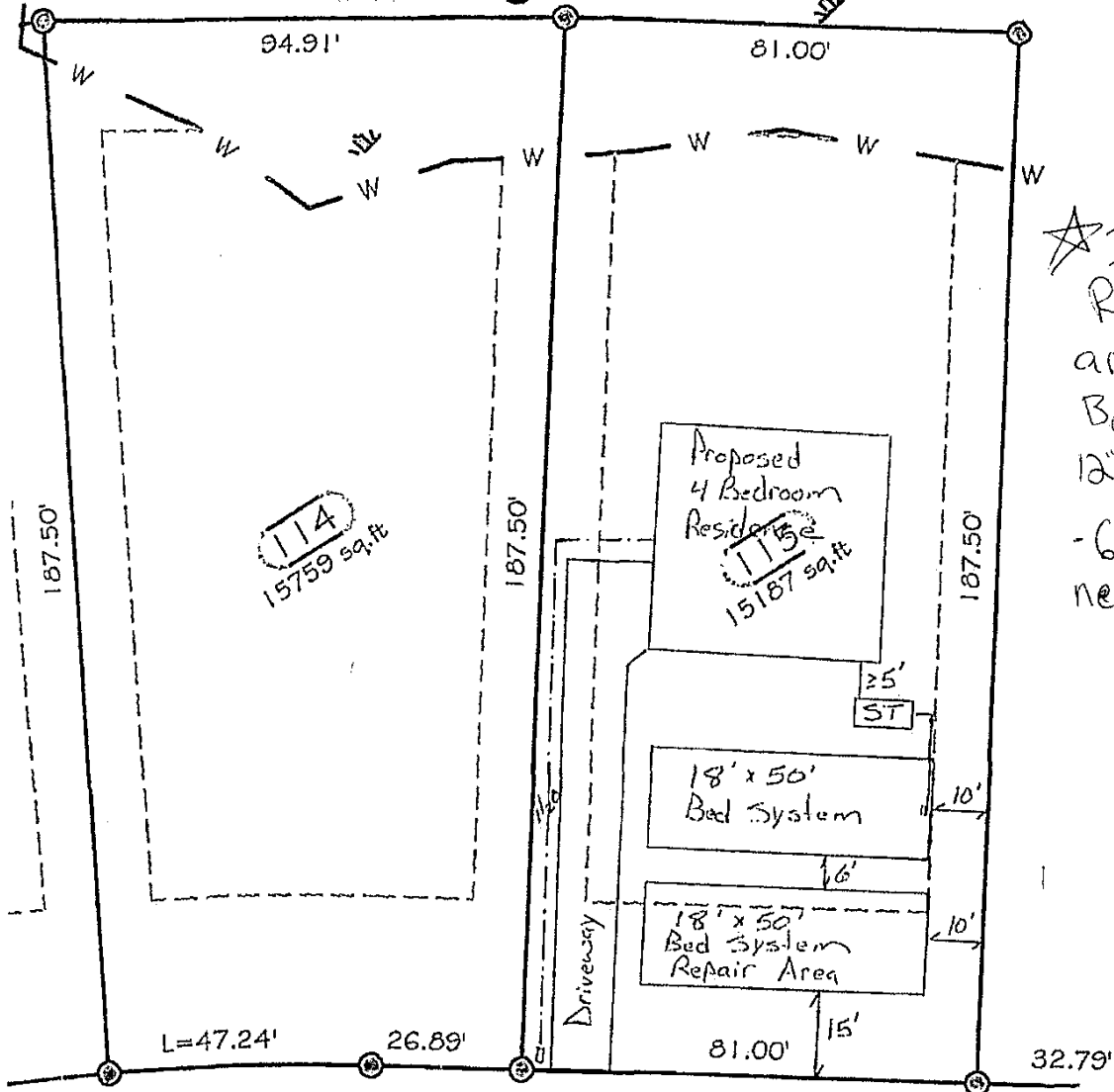
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The improvement permit shall not be affected by change of ownership of the site for the wastewater system provided both the site for the wastewater system and the facility the system serves are unchanged and remain under the ownership or control of the person owning the facility.

SYSTEM SUBSTITUTIONS:

A septic system designated as "accepted" status by NC-DHHS may be substituted for a conventional system, or another accepted system, without prior approval of the health department as long as no changes are necessary in the location of each drainline, trench depth, or distribution method.

Table of System Types

1A-1E	Contact Health Department for details	3E	PPBPS system, gravity dosed
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2C	Conventional or Accepted septic system with shallow placement	4A	Any system with LPP distribution
3A	Conventional or Accepted system > 480 gpd (except single-family residence)	4B	System with more than 1 pump or siphon
3B	System with single effluent pump or siphon	5A-5D	Contact Health Department for details
3C	Gravity fill system	6A-6B	Contact Health Department for details
3D	Dual gravity-field system		

NOTE:

This permit does not exempt you from any rule, regulation or ordinance of any federal, state, and/or local agency nor any restrictive covenant. You must comply with all restrictive covenants, rules, regulations or ordinance prior to building, locating or relocating a residence, business, or place of public assembly.

***Site Modifications**

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

***Permit Conditions**

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

Initial and repair systems are both 18' X 50' bed systems with 12-18" trench bottoms. 6" of cover will need to be brought in.

- Maintain 5' setback from septic areas with any building foundations.
- Maintain 10' setback with any water or property lines.
- If gravity fall cannot be achieved a pump will be required.
- Protect septic areas from any vehicular traffic.

Site Plan

The Improvement Permit shall be valid for 5 years from date of issue with a site plan (means a drawing not necessarily drawn to scale that shows the existing and proposed property lines with dimensions, the location of the facility and appurtenances, the site for the proposed Wastewater system, and the location of water supplies and surface waters).

Plat

The Improvement Permit shall be valid without expiration with plat (means a property surveyed prepared by a registered land surveyor, drawn to a scale of one inch equals no more than 60 feet, that includes: the specific location of the proposed facility and appurtenances, the site for the proposed Wastewater system, and the location of water supplies and surface waters. Plat also means, for subdivision lots approved by the local planning authority and recorded with the county register of deeds, a copy of the recorded subdivisions plat that is accompanied by a site plan that is drawn to

The Department and Local Health Department may impose conditions on the issuance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation if the site plan, plat, or intended use changes (NCGS 130a-335(f)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting, and repair (.1938(b)).

Applicant/Legal Reps. Signature Required ? Yes No

Applicant/Legal Reps. Signature: _____

Date:

*Issued By: Beattie-Sergio, Gabriel

Date of Issue: 07/16/2020

Authorized State Agent: *Carl Pedro Sergio*

Valid without Expiration ?

Hand Drawing

Import Drawing

****Site Plan/Drawing attached.****



CONDITIONS OF THE IMPROVEMENT PERMIT

GENERAL:

Do not disturb the area designated for the wastewater system and repair area. The improvement permit can become invalid and be revoked if the site or soil conditions are altered.

The improvement permit allows only those site improvements necessary for the proper functioning of the system, such as fill or drainage. Call for inspection after the improvements are installed. Do not install the wastewater system until the construction authorization is issued.

A pump, pump chamber, and all appurtenances may be required at any time if gravity feed cannot be maintained. This addition must be approved by the health department prior to installation.

System types 4A and higher will require a certified system operator. A contract shall be executed between the system owner and the operator, and a copy submitted to the health department, prior to the issuance of the operation permit. It shall be a condition of the operation permit that subsequent owners of the system execute such a contract. It shall be the responsibility of the owner to inform potential subsequent owners of the system type, operational needs and contract requirements.

You should contact a Utility Locator Service to identify and mark buried utilities prior to digging on your lot.



Call or Click 811 Before You Dig

FILL SYSTEMS (MOUND SYSTEMS):

Any required fill material must be placed on the site per the attached fill (mound) system specification sheet.

DRAINAGE SYSTEMS:

Drainage must be installed in accordance with the cut sheet. A new cut sheet will be required if the reference markers are moved or destroyed. Drainage systems required as part of the improvement permit must be inspected prior to issuance of the construction authorization.

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SYSTEM SUBSTITUTIONS:

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3C	Gravity fill system	6A-6B	Contact Health Department for details
3D	Dual gravity-field system		

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BED SYSTEM SPECIFICATION SHEET

(Not to Scale)

Check the boxes that apply to this permit



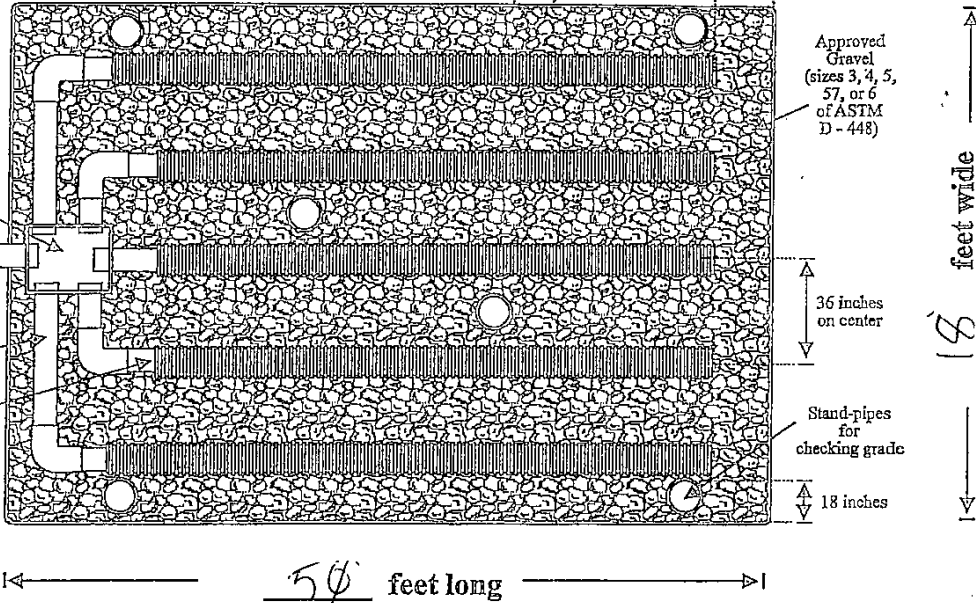
Aerial View of 9000 square foot bed with 6 lines: 18 inches

D-box with dial-a-flows or other approved effluent distribution device.
(Note: Can be placed outside of bed if necessary.)

From Septic Tank

3 or 4 inch solid Sch. 40 PVC

Approved 4 inch diameter corrugated perforated plastic drain pipe. 5 lines (pipes) shown just as an example. Install the number of lines hand-written above.



Approved Gravel (sizes 3, 4, 5, 57, or 6 of ASTM D - 448)

18 feet wide

36 inches on center

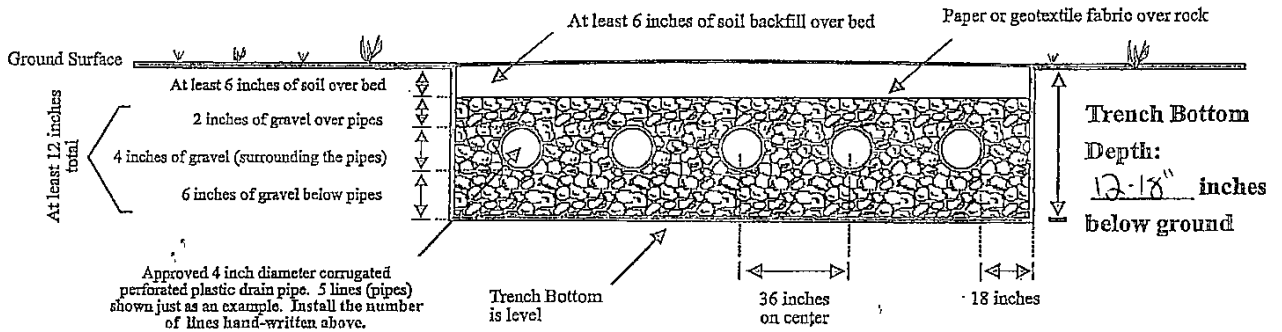
Stand-pipes for checking grade

18 inches

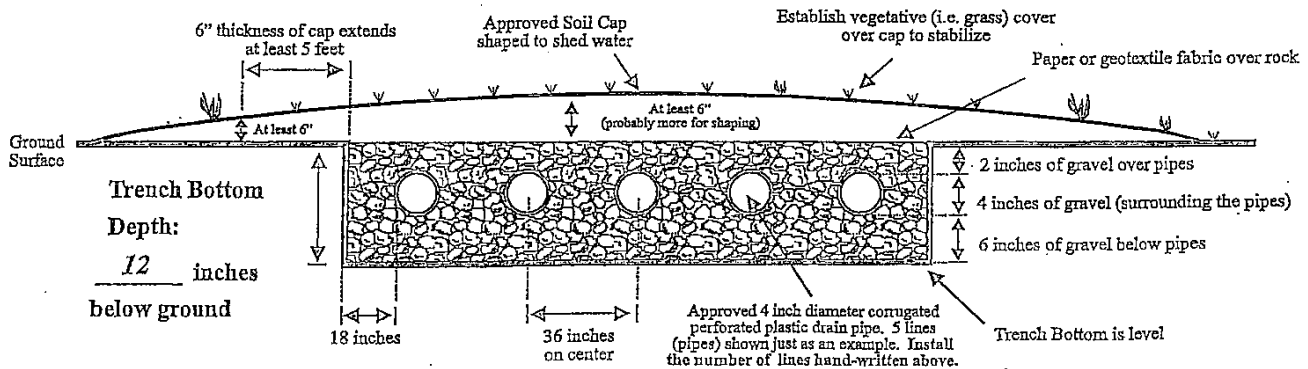
50 feet long



End View (Conventional Bed):

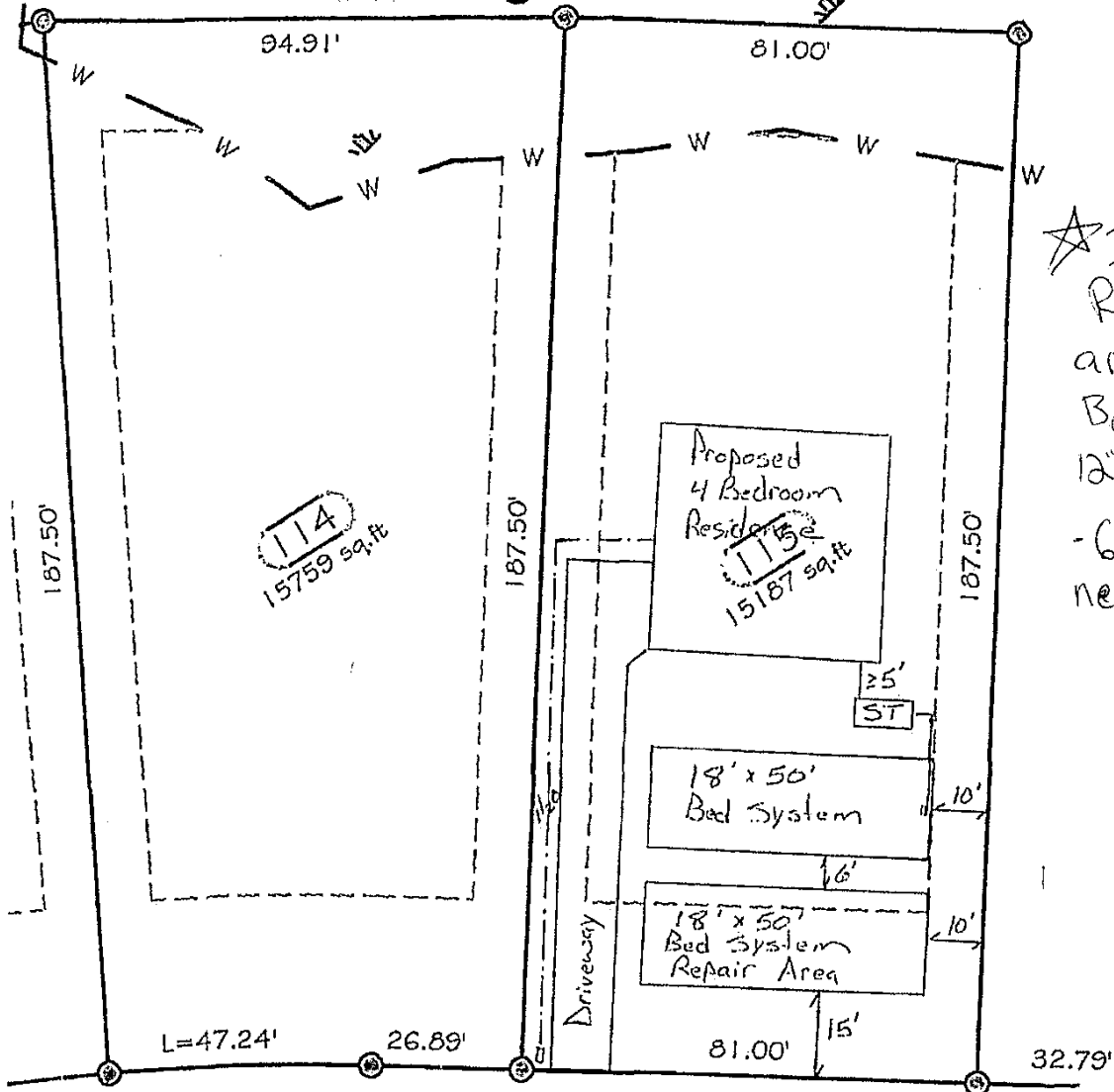


End View (Ultra-Shallow Bed):



AOK

IMPROVEMENT PERMIT Not for Installation or Building Permit



★ Initial and Repair Sg Systems are both 18'x50' Bed Sg Systems with 12"-18" trench bottoms. - 6" of cover will need to be brought in.

0+00

GRAVEN COUNTY HEALTH DEPARTMENT
APPROVED

IP# 26-1612
IP DATE 7/14/20 BY [Signature]
CA# _____
CA DATE _____ BY _____

- Maintain 5' setback from septic and repair areas with building foundations.
- Maintain 10' setback with any water lines.
- If gravity fall cannot be achieved a pump will be required.
- Protect septic areas from vehicular traffic and other destructive uses.

Scale = 1" = 40'

QAV



IMPROVEMENT PERMIT

Craven County Health Department
Environmental Health Section
2818 Neuse Blvd., P.O. Drawer 12610
New Bern, NC 28561
Phone: (252) 636-4936

20-1612

For Office Use Only

*CDP File Number: 326584 - 1
County ID Number: 1-046-1 -115
Evaluated For: NEW

PERMIT VALID UNTIL: Valid w/o expiration

***NOTE TO INSPECTIONS DIVISION:** Building Permits cannot be issued with this Improvement Permit.

Applicant: Bill Clark Homes of Greenville, LLC

Address: 200 E. Arlington Blvd, Suite A

City: Greenville

State/Zip: NC 27858

Phone #: wrk: (252) 355-5805 cell :(252) 814-1481

Property Owner: Bill Clark Homes of Greenville,

Address: 200 E. Arlington Blvd, Suite A

City: Greenville

State/Zip: NC. 27858

Phone #: wrk: (252) 355-5805 cell :(252) 814-1481

Property Location & Site Information

Address/Road #: 121 Trellis Lane Vanceboro, NC 28586 Subdivision: The Gardens Phase Two at Swift Creek Plantation Phase: NEW Lot: 115

Directions

Structure: SINGLE FAMILY 121 Trellis Lane
of Bedrooms: 4 Vanceboro, NC 28586
of People: 8
*Water Supply: PUBLIC

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 480
Soil Application Rate: 0.8000
*System Classification/Description:
TYPE II C. CONV. SYSTEM WITH SHALLOW PLACEMENT
*Proposed System:
OTHER

Minimum Trench Depth: 12 Inches
Maximum Trench Depth: 18 Inches
Septic Tank: 1000 Gallons
1-Piece: Yes No
Pump Required: Yes No May Be Required
Pump Tank: _____ Gallons
1-Piece Yes No

Repair System Required: Yes No No, but has Available Space

Repair System

*Site Classification: Provisionally Suitable
Soil Application Rate: 0.800
*System Classification/Description:
TYPE II C. CONV. SYSTEM WITH SF
*Proposed System:
OTHER

Minimum Trench Depth: 12 Inches
Maximum Trench Depth: 18 Inches
Pump Required: Yes No May Be Required



CONDITIONS OF THE IMPROVEMENT PERMIT

GENERAL:

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A pump, pump chamber, and all appurtenances may be required at any time if gravity feed cannot be maintained. This addition must be approved by the health department prior to installation.

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Maintain 5' setback from septic areas with any building foundations.

Maintain 10' setback with any water or property lines.

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Applicant/Legal Reps. Signature Required ? Yes No

Applicant/Legal Reps. Signature: _____

Date:

*Issued By: Beattie-Sergio, Gabriel

Date of Issue: 07/16/2020

Authorized State Agent: *Carl Pedro Sergio*

Valid without Expiration ?

Hand Drawing

Import Drawing

****Site Plan/Drawing attached.****



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BED SYSTEM SPECIFICATION SHEET

(Not to Scale)

Check the boxes that apply to this permit



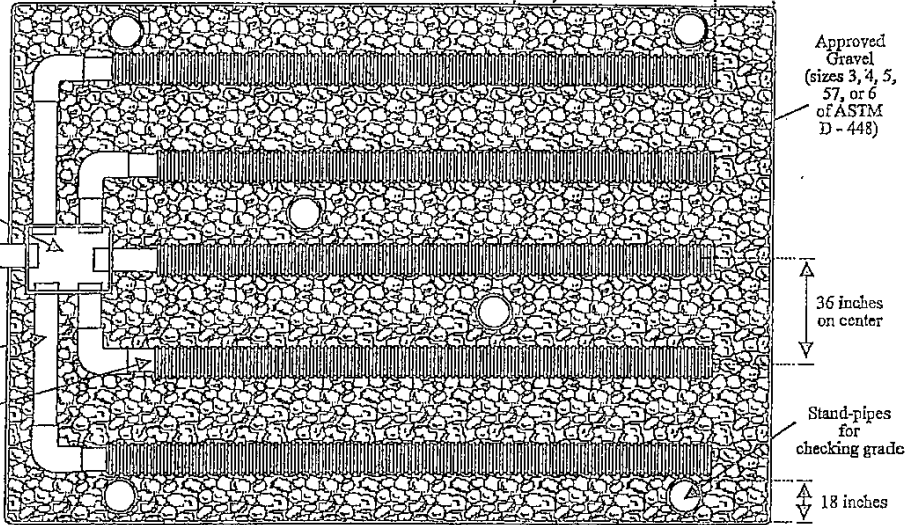
Aerial View of 9000 square foot bed with 6 lines: 18 inches

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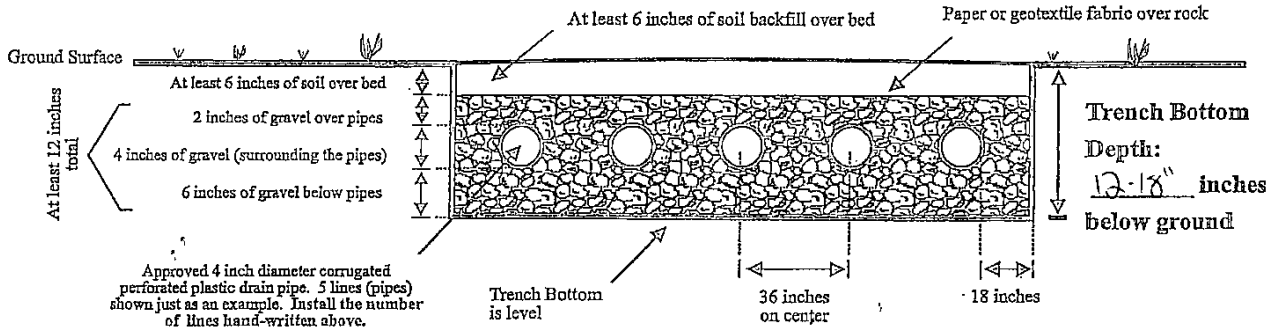


50 feet long

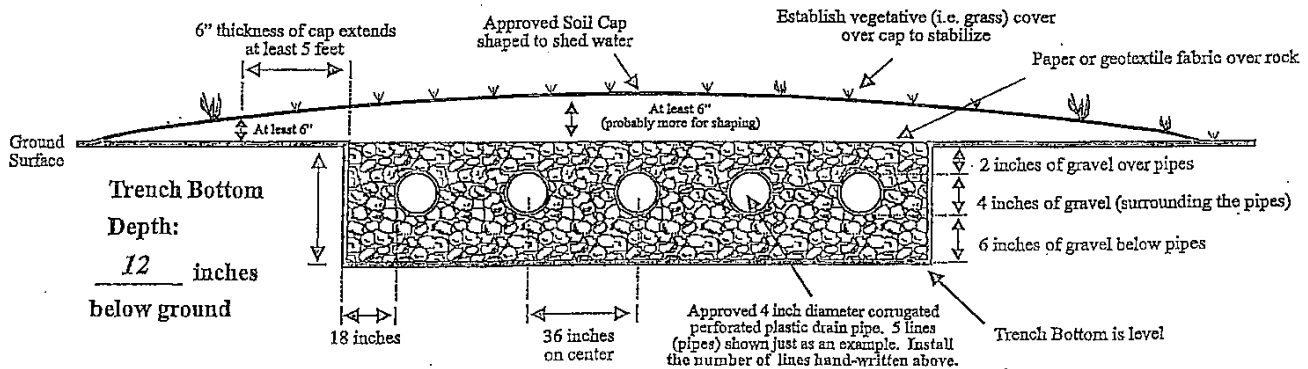
18 feet wide



End View (Conventional Bed):

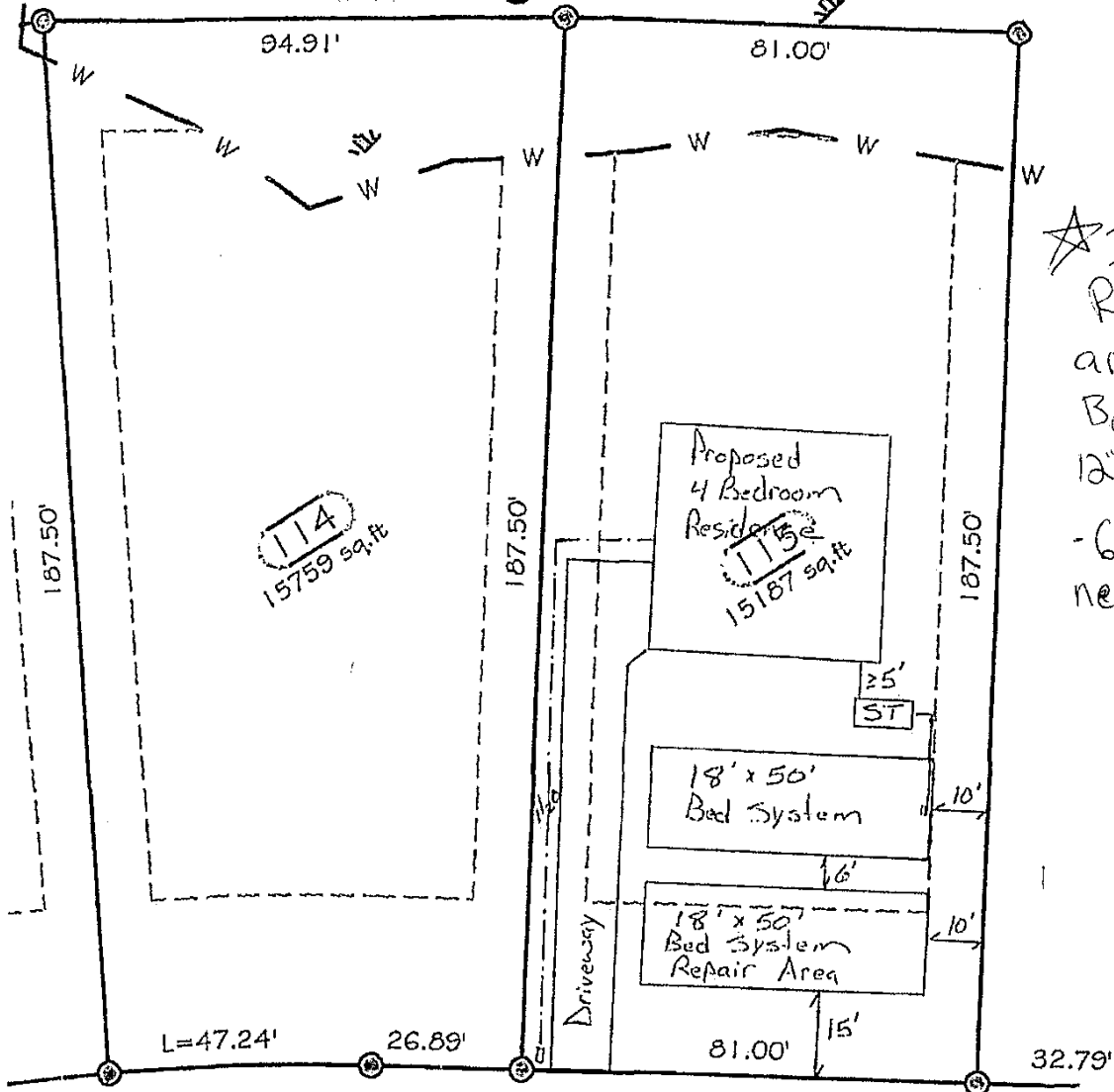


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AOK

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0+00

GRAVEN COUNTY HEALTH DEPARTMENT
APPROVED

IP# 26-1612
IP DATE 7/14/20 BY [Signature]
CA# _____
CA DATE _____ BY _____

- Maintain 5' setback from septic and repair areas with building foundations.
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