



Onslow County Health Department
 612 College Street
 Jacksonville, North Carolina 28540
 Phone: (910) 938-5851 Fax: (910) 989-2341

OPERATIONS PERMIT
 (GS 130A-337)

Permit No: **EOP2010-01698**

Category: Operations Permit New

Owner: SOUTHWEST HOME BUILDERS INC

Address 106 EMERALD COVE CT HOLLY RIDGE, NC 28445

Parcel: 762B-73 **SR #:**

Subdivision: EMERALD COVE

Lot: 15

Section: *J* **Block:** **Phase:**

Location: HWY 17 S TO OLD FOLKSTONE RD TO TAR
 LANDING TO EMERALD COVE

FINAL PLOT/REMARKS

System Type: III

System Classification: c. Gravity fill system

Manufacturer: Conventional

Model #:

System Info: 3(3'x67') Conventional Lines was installed.

Facility/Daily design flow: 3 Bedroom Residence / 360 GPD

Water Supply: Public

THIS DOES NOT CONSTITUTE A WARRANTY OR GUARANTEE.

Installed By: BILLY MARSHBURN

Business Name: LANDWORKS BACKHOE & SEPTIC

Signed By: Adam Locklear

Date: _____

10/13/2010



Onslow County Health Department
 612 College Street
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CONSTRUCTION AUTHORIZATION

(GS 130A-336)

Expiration: 12/31/2015

Permit No: **ECA2010-00030**

Category: **New**

Owner: SOUTHWEST HOME BUILDERS

Address: EMERALD COVE CT JACKSONVILLE, NC

Subdivision: EMERALD COVE

Lot: 15

SR #:

Section 2

Block:

Phase:

Location: HWY 17 S TO OLD FOLKSTONE RD TO TAR LANDING TO EMERALD COVE

System Type/Description: III System in Fill

System Classification: c. Gravity fill system

Facility/Daily design flow: **3 Bedroom Residence / 360 GPD**

System Info: (41'x87') 15" Fill System (9" sand/6" cover) / 3(3'x67") Conventional Lines.

LTAR: 0.6 gpd/sq. ft.

Water Supply: Public

Septic Tank Size: 1,000 gallons

Grease Trap Size N/A gallons

Pump Tank Size: N/A gallons

Nitrification Area: 603 sq. ft.

Nitrification Area: 201 lin. ft.

No of Lines: 3

Line Length: 67'

Line Width: 3'

Trench Bottom Depth: No deeper than 3" into original soil surface / soil-fill interface.

(SEE ATTACHED PAGES 1 - 3 of 3 FOR ADDITIONAL PERMIT CONDITIONS)

Signed By: Adam Locklear

Date:

06/02/2010

NOTE: Permit is subject to revocation if site plans or intended use change.

**ONSWLOW COUNTY
HEALTH DEPT.**

**OPERATIONS PERMIT
(GS 130A-337)**

Permit No.: **20500**

Owner: Emerald Cove

Address: Lot 15 section II

Location: Off Tar Landing Rd

Sr#: _____

THIS DOES NOT CONSTITUTE A WARRANTY OR GUARANTEE.

Installed By: _____

Signed By: _____

Date: _____

Systems Type: III c

FINAL PLOT / REMARKS

System type _____

Manufacturer _____

Model# _____

3 bedroom residence / ≤ 360gpd

**ONSWLOW COUNTY
HEALTH DEPT.**

**CONSTRUCTION AUTHORIZATION
(GS 130A-336)**

THIS AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION SHALL BE VALID FOR A PERIOD EQUAL TO THE PERIOD OF VALIDITY OF THE IMPROVEMENT PERMIT. NOT TO EXCEED 5 YEARS.

Permit No.: **20500**

Owner: Emerald Cove

Address: Lot 15 section II

Location: Off Tar Landing Rd

Sr#: _____

System Type/Description: 41'x87' 15" Fill system LTAR: .6 gpd/sq. ft.

Septic Tank Size: ≥ 900 gallons

Nitrification Area: 600 sq. ft. 200 lin. ft.

No. of lines: 3 Line length 67'x3'

Trench bottom depth: No deeper than 3" into original soil surface / soil-fill interface

(SEE ATTACHED PAGES 1 - 3 of 3 FOR ADDITIONAL PERMIT CONDITIONS)

Signed: [Signature], REHS Date: 6/1/10

**ONSWLOW COUNTY
HEALTH DEPT.**

**IMPROVEMENT PERMIT
(GS 130A-336)**

Permit No.: **20500**

- Valid for 5 years from date of issuance.
- Valid without expiration.

System type: III c

Owner: Emerald Cove

Address: Lot 15 section II

Location: Off Tar Landing Rd

Sr#: _____

System Type/Description: 41'x87' 15" Fill system LTAR: .6 gpd/sq. ft.

Facility/Daily design flow: 3 bedroom residence / ≤ 360gpd

Water supply: On-site well _____ Comm. well _____ Public X Other _____

(SEE ATTACHED PAGES 1 - 3 of 3 FOR ADDITIONAL PERMIT CONDITIONS)

Signed: [Signature], REHS Date: 7-30-07

NOTE: Permit is subject to revocation if site plans or intended use change.

Buff Ledger: **ORIGINAL**

Blue: **BUILDING INSPECTION**

Pink: **CLIENT**

Owner: Emerald Cove
Address: Lot 15 section II
Location: Off Tar Landing Rd

FILL SYSTEM DETAIL SHEET

I. Specifications

A. Site

- 1) Wastewater flow 360 gpd
- 2) Soil texture group II
- 3) LTAR 6 gpd/sq. ft.

B. Trenches

- 1) Trench Bottom 600 sq. ft.
- 2) Trench Width 3' ft.
- 3) Trench Length 200 ft.
- 4) Number of Trenches 3
- 5) Length of Each Trench 67' ft.

C. Fill

- 1) Length of Fill 87 ft.
- 2) Width of Fill 41 ft.
- * 3) Total Fill Area 3567 sq. ft.
- 4) Depth of Sand 9 in.
- 5) Depth of Cover 6 in.

*[The outside edge of any trench shall be at least 5 feet from the top of the side slope of the fill.]

II. Site Preparation

- A. Place flags at the 4 corners of the fill area as designated on page 1 of 3 of the Improvement Permit. Failure to place fill in the permitted area may result in the fill having to be moved or the permit revoked.
- B. Do not work when the site is wet. Working on soil when wet can destroy soil structure.
- C. Remove all above ground vegetation and root mat from area to be filled without removing topsoil. Removal of soil can result in revocation of the permit.
- D. Disk the area to be filled to a depth of 6 inches to break up root mat.

III. Placement of Fill

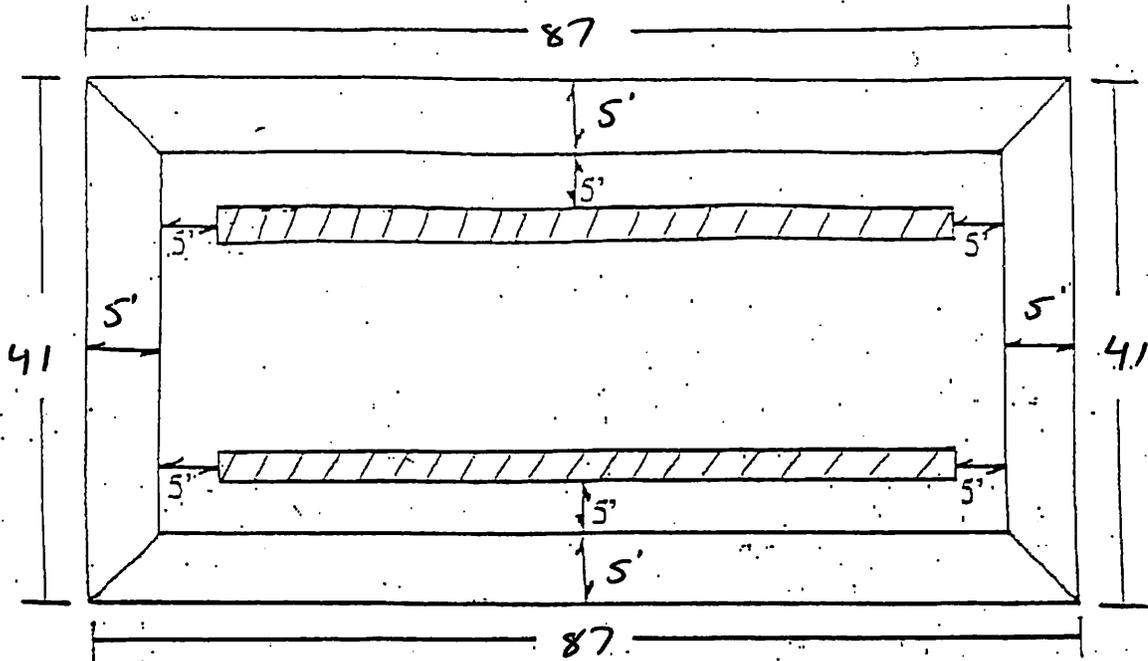
- A. Add 3 to 4 inches of approved sand fill to area and disk again to thoroughly mix the original soil and the fill. Approved sand fill is a sand or loamy sand.
- B. Add more sand fill to achieve a uniform height of 9" (see ID on diagram) in the middle of the fill area.
- C. The fill shall be tapered from the top edge of the fill to the ground surface 2 feet from the boundary of the fill area. The top edge of fill is located 5 feet from the proposed trenches.
- D. X X Contact Health Department for inspection of fill after owner or owner's legal representative has submitted an application for a Construction Authorization. Contact Health Department for inspection of fill prior to installing nitrification trenches if Construction Authorization has already been issued.

IV. Final Landscaping of Fill System:

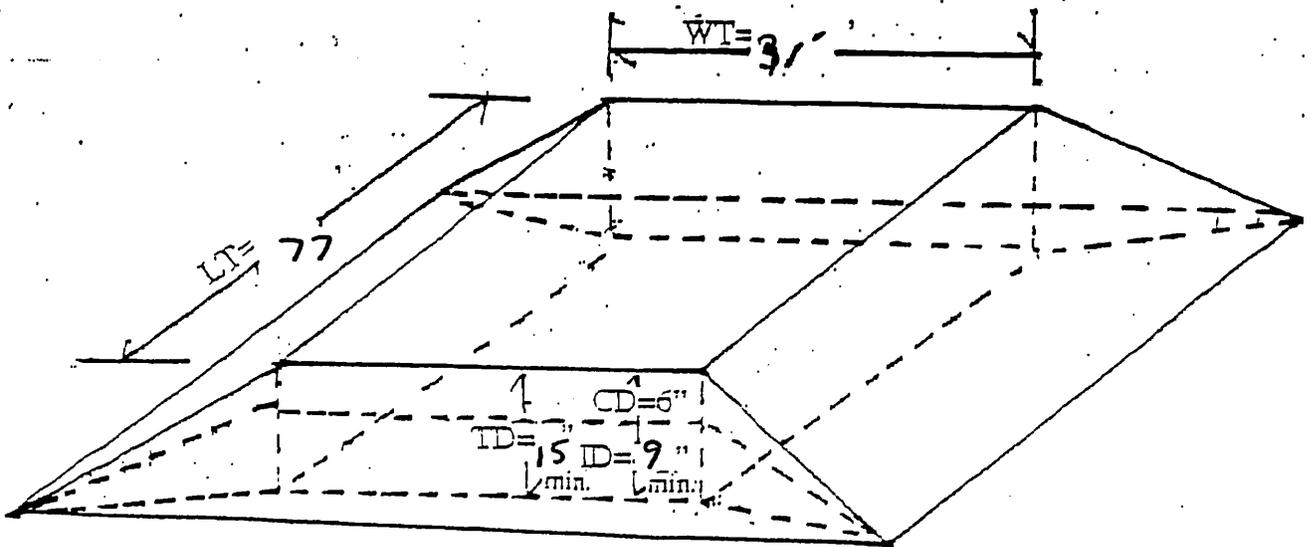
- A. The fill must be shaped to shed surface water and shall be stabilized with grass or other suitable cover to prevent erosion.
- B. Vegetation must be maintained once established. Grass must be mowed.
- C. Additional fill beyond what has already been specified may be necessary to cover and landscape around the septic tank.
- D. Call the Health Department for inspection after landscaping has been completed. The Operation Permit allowing use of the system will be issued at that time.

FILL SYSTEM DETAIL SHEET

PLAN VIEW



CROSS SECTION VIEW



- WT = width of top
- LT = length of top
- ID = initial depth

Additional fill may be needed to compensate for changes in elevation. This additional fill will require larger side slopes and therefore a larger

SEPTIC TANK INSPECTION CHECKLIST (Type II-IV)

Name: Emerald Cove

Location: _____

Address: Lot #15

Date of Construction Authorization 6/2/10 (If after January 1, 1999, Septic Tank with filter required)

SEPTIC TANK		INITIAL DATE	NITRIFICATION LINES		INITIAL DATE
Manufacture Date	<u>5/26/10</u> MAL	<u>9/9/10</u>	Trench Type:	<u>GTR</u> MAL	<u>9/9/10</u>
State ID Number	<u>STR-11</u>	↓	Trench Width:	<u>3'</u>	↓
Capacity	<u>1,000 gal</u>		Trench Length:	<u>3-67's</u>	
Tee/Approved Filter	✓		Trench Bottom Depth	✓	
Baffle	✓		Trench Grade	✓	
Sealant	✓		Rock Depth & Quality (3, 4, 5, 6)	✓	
Tank Penetration Seal			Aggregate Cover		
Riser if Applicable			Warranty (if applicable)		
PUMP TANK			Dams/Stepdowns/Drop box, etc.		
Manufacture Date	<u>N/A</u>		Pressure Lateral:		
State ID Number			Hole Spacing:		
Capacity			Hole Size:		
Waterproof/Sealant			Turn-ups/Protectors		
Riser			DISTRIBUTION SYSTEM		
Water tightness Test (Note Reading Below)			Distribution Method:	<u>Gravity</u> MAL	<u>9/9/10</u>
PUMP			Serial Dist.		
Check Valve/Gate valve	<u>N/A</u>		Pressure Manifold		
Anti-siphon Hole (Size)			Pipe (Material and Grade)		
Float Switches			Valves		
Electrical Components			SUPPLY LINE		
Rate (gpm)			Location		
Pump Manufacturer:			Pipe (Material)	<u>PVC</u>	
Pump Model Number:			Pipe Size		
Pump Removal Method			Hydrostatic Leak Test:		
GREASE TRAP			LANDSCAPING		
Manufacture Date	<u>N/A</u>		Surface Drain	MAL	<u>10/12/10</u>
State ID Number			Subsurface Drain		↓
Capacity			Depth of Cover: Tank: <u>6"</u> Drainfield: <u>6"</u>		
Tee/Approved Filter			Finish Grade/Stabilize (if applicable)	✓	↓
			Permanent Markers		
			OTHER		
			System Setbacks		
			Legal Documents		
			Mound Approved (Texture, Interface, Location, Length, Depth, Width)	MAL ✓	<u>5/28/10</u> ✓
Contractor:	<u>Billy Marshburn</u>				

Revised 6-20-07
COMMENTS: