

SYSTEM TYPE
Repair

PENDER COUNTY HEALTH DEPARTMENT
P. O. BOX 1209, BURGAW, NC 28426
PHONE 910/259-1233

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IMPROVEMENT PERMIT - CONSTRUCTION AUTHORIZATION
OPERATION PERMIT

OWNER/AGENT Poland Berube DATE 3-26-97 PERMIT# 508245

ADDRESS 605 Ravenwood Rd Hampstead NC 28443 PHONE# 270-3046

SITE LOCATION S-A

SUBDIVISION Olde Pt. LOT# 325+326 SECTION/BLOCK _____

HOUSE MOBILE HOME (#Bdrm.) 3 BUSINESS (#Employees/Members/Seats) _____
WELL TYPE: PUBLIC WELL OTHER ; DESIGNATED WETLANDS: YES NO
BASEMENT/LOWER LEVEL PLUMBING YES NO

DESIGNATED WETLANDS: YES NO
DAILY DESIGN FLOW 340 gpd DOMESTIC WASTEWATER INDUSTRIAL WASTEWATER

SYSTEM TYPE _____ SYSTEM MAINTENANCE: YES NO MIN. SYS. REV. FREQUENCY _____

LTAR 0.8 gpd/ft² TANK SIZE existing Gal. NITRIFICATION FIELD 450 ^{conu.} Sq. Ft.

NUMBER OF LINES 2 LENGTH 222 ^{long} Ft. DEPTH 36 ^{max} In. 24"

BED SYSTEM SIZE _____ Ft. x _____ Ft. ALTERNATIVE SYSTEM AVAILABLE TYPE Chamber
See Zee Lay

WATER SUPPLY: PRIVATE ; PUBLIC ; OTHER

DISTANCE FROM ALL WELLS: 100 FT. 50'; IN NO CASE LESS THAN 50 FT.

See layout or attached plot plan
NO CHANGE IN SEPTIC TANK SYSTEM OR ITS LOCATION WITHOUT PRIOR APPROVAL
FROM PENDER COUNTY HEALTH DEPARTMENT.
THIS PERMIT IS SUBJECT TO REVOCATION IF THE SITE PLAN, PLAT OR INTENDED
USE OF THE SITE CHANGES. G.S. 130A-335(f)

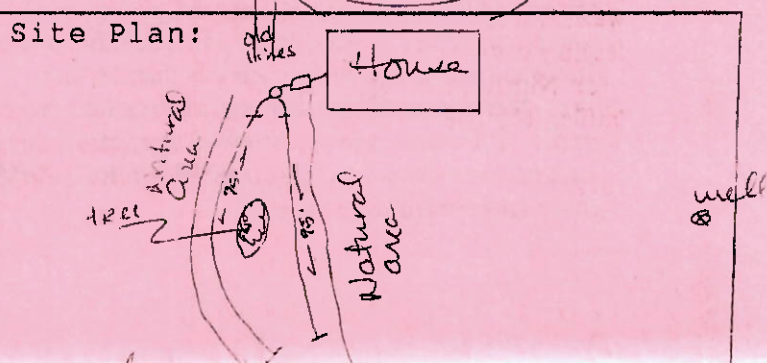
MIN. HORIZONTAL SEPARATION OF SEPTIC SYSTEM (SEE BACK OF FORM .1950 a-c)

5 YR. IMPROVEMENT PERMIT: NA ISSUE DATE NA

IMPROVEMENT PERMIT, NO EXPIRATION DATE: NA ISSUE DATE NA

CONDITIONS/ADDITIONAL INFORMATION:

- ** Chambers - 19 chambers
- 1-30' line
- 1-60' line (4.25)
- See Zee Lay - 2 chambers
- 1-70' 1-80'
- Original
- Initial system - 2 lines
- 2-trunks 67'
- 90' gal tank



CONSTRUCTION AUTHORIZATION: [Signature] DATE SIGNED 3-26-97
Valid for 5 years from date of issuance of Improvement Permit.

OPERATION PERMIT: [Signature] DATE 6-19-97
INSTALLER Jacks

THIS PERMIT DOES NOT CONSTITUTE A WARRANTY OR GUARANTEE AND SATISFACTORY PERFORMANCE IS NOT ASSURED BY THE PENDER COUNTY HEALTH DEPARTMENT.