

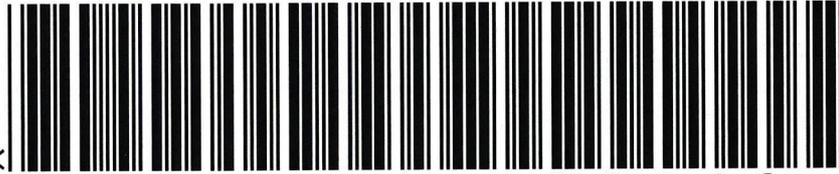
**Environmental Health
Pitt County Government
Backlog Permit File Scanning Separator Page
Template**

«TEYON_WILSON»

10/20/2022

For Barcode Fields, use underscore (_) for spaces and include * before and after entry. Exp: *01732*

Permit #:«



* W L S 2 0 2 1 - 1 0 8 6 1 9 *

»

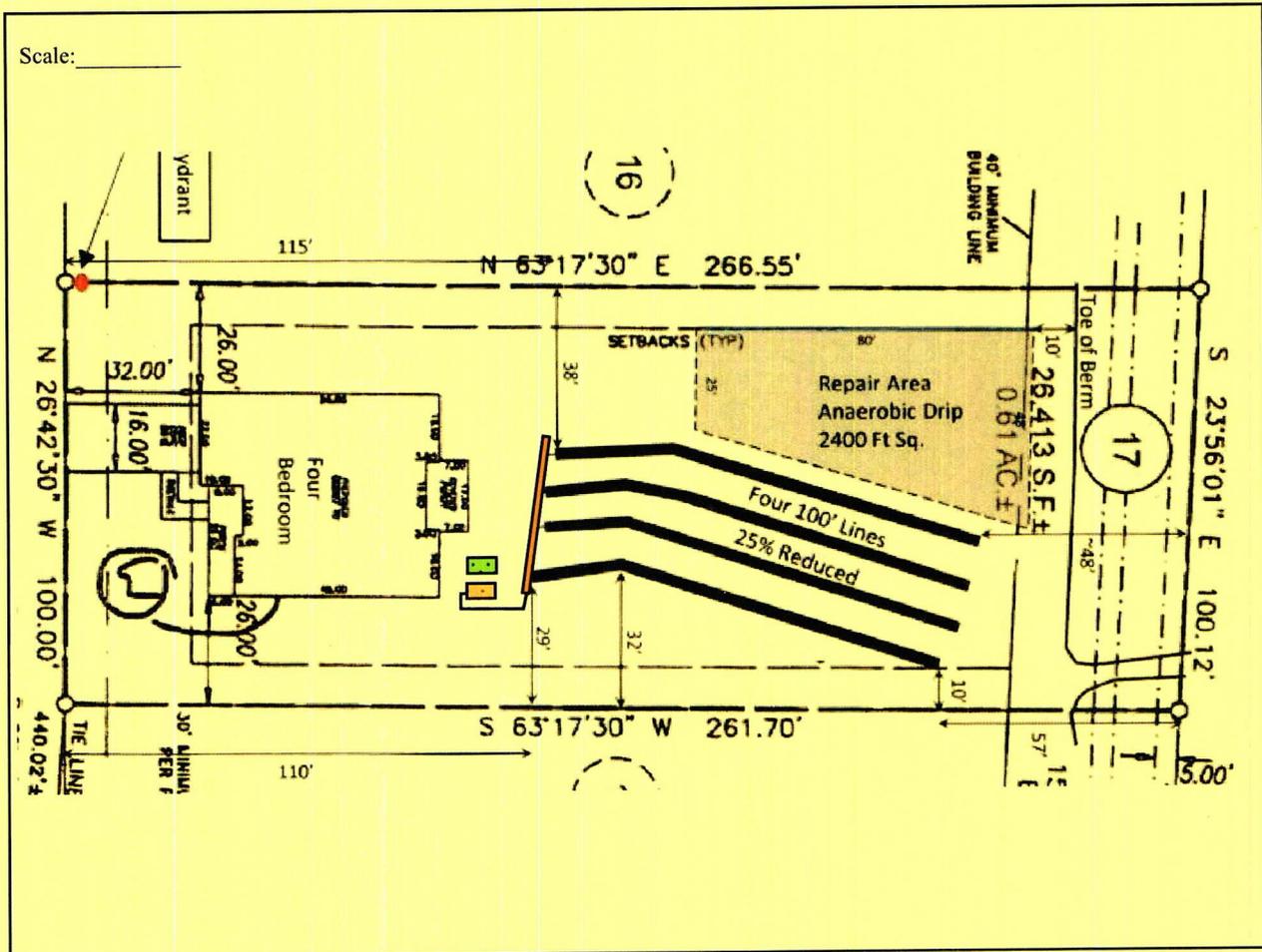
OPERATION PERMIT

NC General Statutes Article 11, Chapter 130A of NCGS
Ground Absorption Sewage Disposal System

PARCEL 85456 IMPROVEMENT PERMIT NUMBER WLS2021-108619
 Owner CAVINNESS & CATES BUILDING AND DEVELOPMENT COMPANY OF GREENVILLE
 Location 915 Arbor Rose Dr
 New Modification Repair Change of Flow Maxium # of Occupants 8
 Type of Facility House # Bedrooms 4 H:O Supply epwc
 Septic Tank Size 1020 Mfg FPS 1020 Serial # STB 11 Filter Watercore
 Pump Tank Size 1000 Mfg FPS 1000 Serial # PT 314 Pump pe 31
 Grease Trap Size N/A Mfg Serial #
 System Type IIIG IIIB Review Frequency Every 5 Years D-Box Type long manifold
 Trench Material EZ Flow 1203 H Geo Trench Bottom Depth 12" Trench Width 3'
 Sq. Ft. eq 1600 # Lines 4 Cover 6" Estimated Flow 480
 Installer Aston Soil Works
 Remarks Floats: 20pmpdwop, 20 sgmpcno

Reference Permits _____

Scale: _____



Inspected By: Daniel Madson *[Signature]* AEH-2

Date of Issue: 10/3/2022



PITT COUNTY
 ENVIRONMENTAL HEALTH
 1717 W. 5th Street
 Greenville, NC 27834-1696
 Office (252) 902-3200
 Fax (252) 902-3208

IMPROVEMENT PERMIT

Application Date: 1-26-2021

Project Number: PRJ2021-126672

Application Number: WLS2021-108619

Applicant: Caviness & Cates
 639 Executive Place Suite 400
 Fayetteville, NC 28305

Owner: Caviness & Cates
 639 Executive Place Suite 400
 Fayetteville, NC 28305

Site Address: 915 Arbor Rose Dr

Tax Parcel #(s): 85 456

Subdivision Three Oaks

Lot #: 17 Block/Phase:

Name:

Date of Evaluation 3-8-2022

System Type lllg

Tank Size 1000 gal

Nitrification Field EQ 1600 ft sq

Pump Tank _____ gal

Trench Bottom Depth 12" to 13" in

Grease Trap _____ gal

Estimated Flow 480 gpd

Maximum # of Occupants 8

of Bedrooms 4

Remarks: _____

An Accepted Trench Product With 25% Reduction Is Required.

If Gravity Flow Cannot Be Achieved, A Pump System Shall Be Required.

Repair Area Requires 2400 Ft Sq. of Anaerobic Drip Irrigation

Permit Reference #'s _____

An Authorization to Construct a wastewater system must be obtained from Environmental Health before construction of the wastewater system begins. Depending on the system design, an additional fee may be charged before the Authorization to Construct can be issued.

Date Issued: 3-9-2022 Environmental Health Specialist J.P. JONES

(GS130A-335) This Improvement Permit is subject to revocation if the site is altered or if the site plan or intended use change.

Improvement Permit Valid _____ No Expiration Five (5) Years



PITT COUNTY
 ENVIRONMENTAL HEALTH
 1717 W. 5th Street
 Greenville, NC 27834-1696
 Office (252) 902-3200
 Fax (252) 902-3208

APPLICATION FOR IMPROVEMENT PERMIT

Type of Inspection: Evaluation for a New Septic System
 Appointment Requested:
 Date Site Ready: 1/27/2021
 Fees Paid: Yes

Application Date: 01/26/2021

Project Number: PRJ2021-126672

Application Number: WLS2021-108619

Applicant:
 CAVINESS & CATES BUILDING AND DEVELOPMENT COMPANY OF
 GREENVILLE
 639 EXECUTIVE PL STE 400
 FAYETTEVILLE, NC 28305
 (910) 709-9801

Owner:
 BRITT DEVELOPMENT CO OF ARCHDALE LLC
 2012 SHEPARD ST
 MOREHEAD CITY, NC 28557

No FP
 No RB
 TS
 1/27/21

Site Address: 915 ARBOR ROSE DR GREENVILLE , NC 27858

Tax Parcel #(s): 85456

Subdivision Name:

Lot #: 17

Block/Phase:

Directions to Site: Directions - Total Distance: 8.46; Start at 1717 W 5th ST.; Go north on HOSPITAL DR toward W 6TH ST; Turn right on W 6TH ST; Turn right on S MEMORIAL DR; Turn left on FARMVILLE BV; Turn right on RALEIGH AV; Turn left on MYRTLE ST; Turn right on W 14TH AV; Continue on 14TH ST; Turn left on W ROCKSPRING RD; Turn right on 10TH ST; Turn right on PORTERTOWN RD; Turn left on EASTERN PINES RD; Turn right on THREE OAKS DR; Turn right on ARBOR ROSE DR; Finish at 915 ARBOR ROSE DR , on the right;

Water Supply: Eastern Pines Water Corporation

Are there any existing wells or springs on this property? No

Type Use: House

Number of Occupants:

If Residential

Proposed # of Bedrooms: 4^{kk}

Existing # of Bedrooms:

If Commercial

of Children:

of Employees:

of Seats:

Does the site contain any previously identified jurisdictional wetlands? Yes

Does the site contain any existing wastewater systems? No

Is any wastewater going to be generated on the site other than domestic sewage? No

Is the site subject to approval by any other public agency? Yes

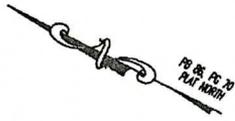
Are there any known easements or right-of-ways on this property? Yes

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. If the information in the application for an Improvement Permit is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid.

Applicant's Signature

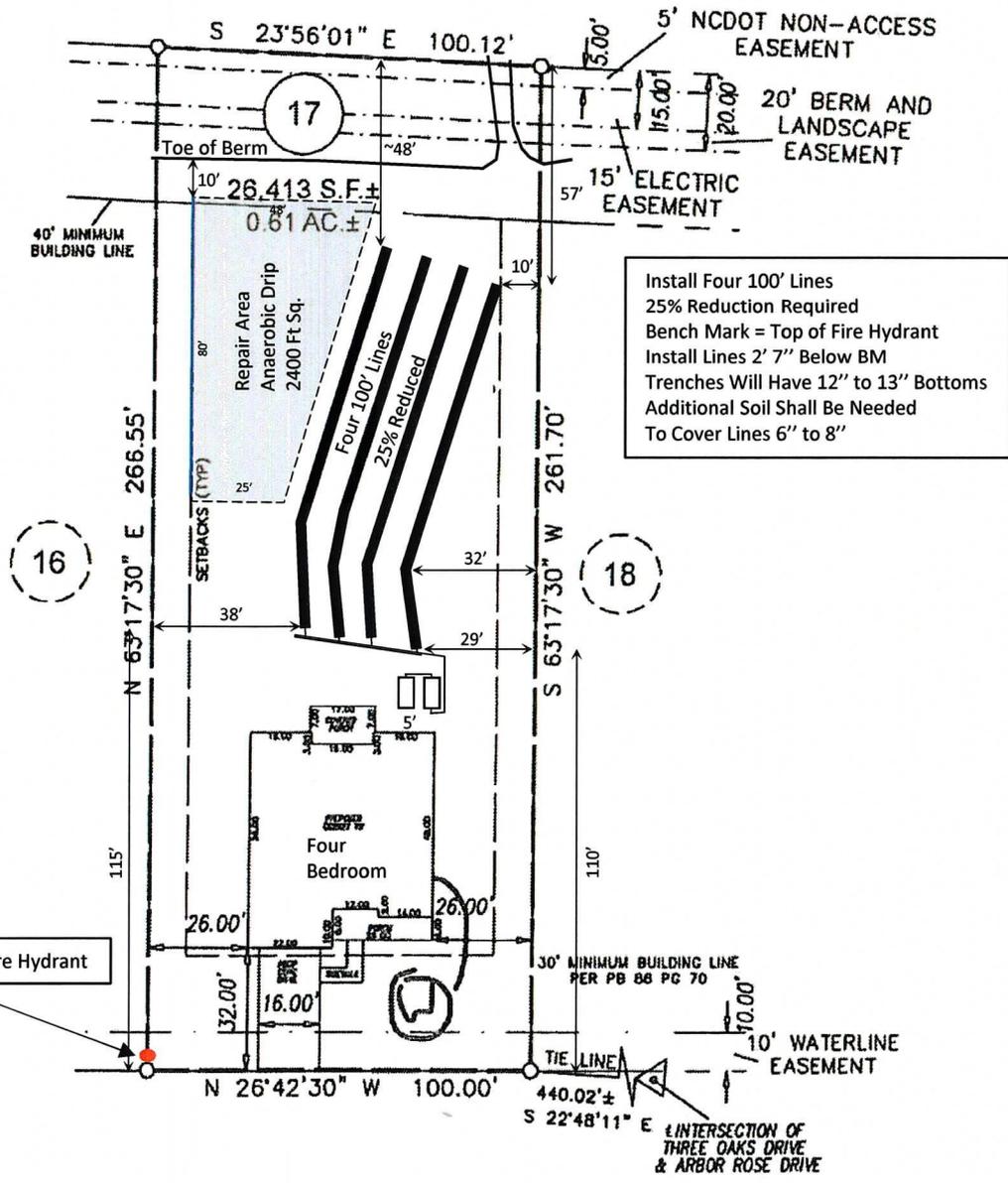
Date: _____

Application Valid for Six (6) Months



AUTHORIZATION TO CONSTRUCT
 BY K. J. BLAINE
 DATE 9-20-2022
 PERMIT # WLS2021-108619

EASTERN PINES ROAD
60' PUBLIC R/W



Install Four 100' Lines
 25% Reduction Required
 Bench Mark = Top of Fire Hydrant
 Install Lines 2' 7" Below BM
 Trenches Will Have 12" to 13" Bottoms
 Additional Soil Shall Be Needed
 To Cover Lines 6" to 8"

Bench Mark = Top of Fire Hydrant

ARBOR ROSE DRIVE

Scale: 1" = 50'

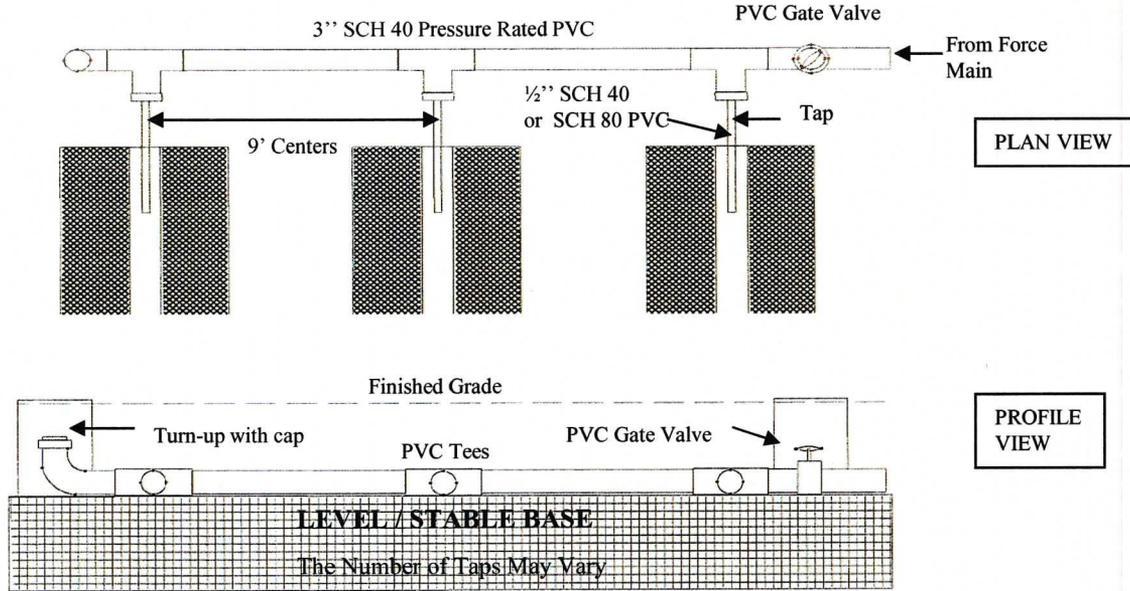


**PITT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION**

1717 WEST FIFTH STREET
GREENVILLE, NC 27834
Telephone (252) 902-3206

PERMIT # WLS2021-108619

Long Manifold System Requirements



See the Improvement Permit and the Authorization to Construction for any additional requirements
Modify these instructions to correspond with the recommendations listed in the Innovative Approvals for Alternative Trench Systems

Supply Line Length: ± 30'
 Supply Line Size: 2"
 Manifold Length: ± 35'
 Manifold Size: 2"
 Number of Taps: 4
 Size of Taps: 1/2" SCH 80 PVC
 Pressure Head: 2'
 Pump Requirements: 22 GPM @ 10.6 TDH
 Pump Run Time: 7.6 min
 Draw Down: 8 inches
 Dosing Volume: 168 Gallons



Pressure Manifold Worksheet

Permit # WLS2021-108619

Tap Size (in.) 1/2
 Number of Taps 7
 Min. Manifold Size 2"

Pressure Head 2' ft.
 Flow Per Tap 5.48 gpm
 Total Flow 22 gpm

Elevation Head (EH) in feet - = 6
high point pump off level feet

Pressure Head (PH) 2 ft.

Friction Head (FH) Calculation:

Supply Line Pipe Size: 2 Inches

Total Force Main Length 4.30' ft.

No. Gate Valves	<u>1</u>	x	1.3	=	<u>2</u>
No. Elbows	<u>6</u>	x	7	=	<u>42</u>
No. 45-deg Bends	<u> </u>	x	4	=	<u> </u>
Check Valve	<u>1</u>	x	19	=	<u>20</u>
Couplings (SFM ÷ 20)	<u>1</u>	x	2	=	<u>2</u>
	# of Fittings		Eq. Length (from chart)		

Total Equivalent Length = 96
 x 115% = 206
 ÷ 100 = 2.06
 Adjusted equivalent length in 100 ft.

FH = 2.06 X 1.27 = 2.6
Adjusted equivalent length in 100 ft. Friction loss through 100 ft. of pipe (from chart) Friction Head in ft.

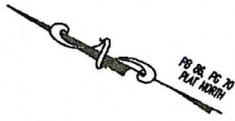
Total Dynamic Head (EH + PH + FH): 10.6 TDH

Pump Specifications : 22 gpm @ 10.6 TDH 168

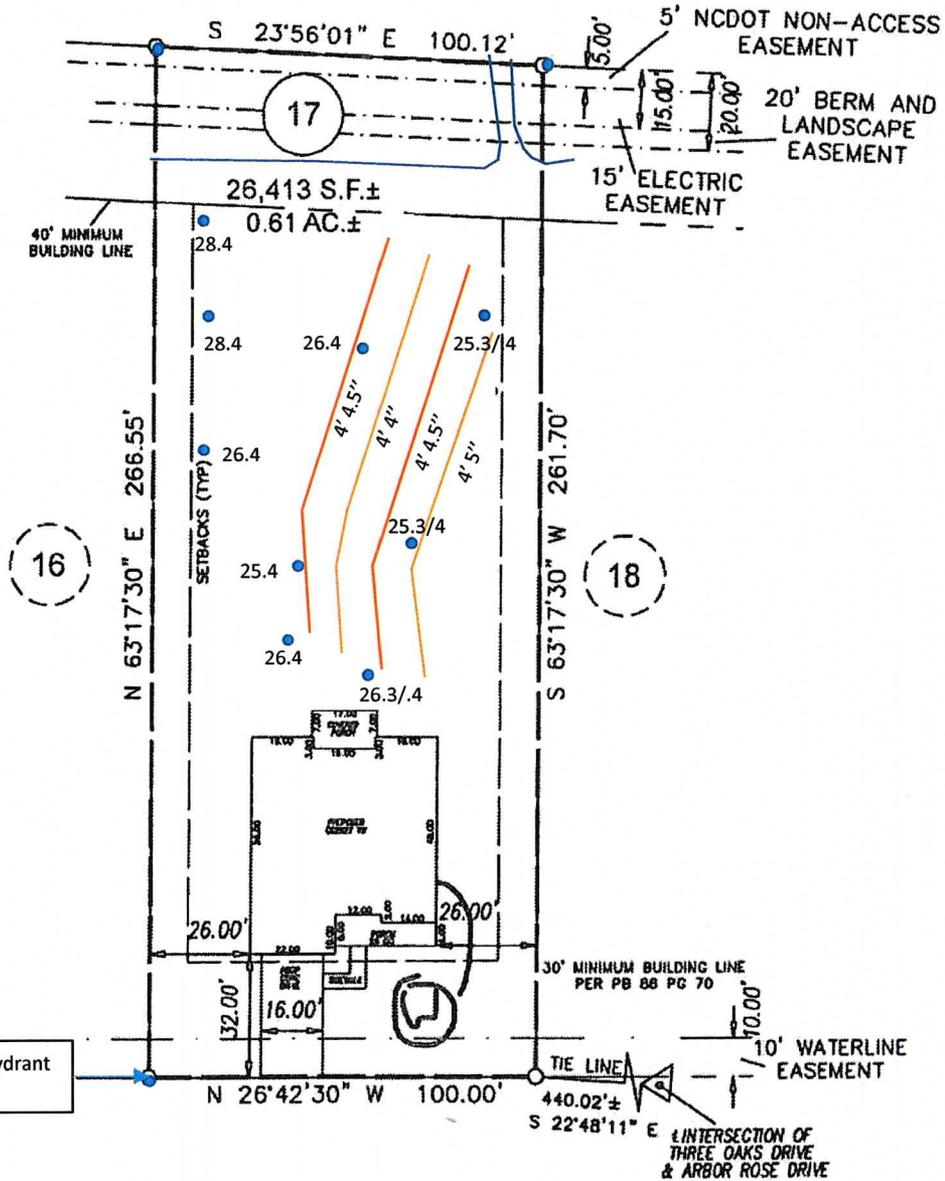
Dosing Volume: .656 X 400 = 262 67% 175 75%
Gallons per linear ft. in 4 inch pipe Total linear ft. of pipe in drain lines Total volume (gallons) of pipes Gallons Gallons

Run Time: 168 ÷ 22 = 7.6
Dosing volume gallons Flow (gpm) Run time (minutes)

Dosing Volume: 168 ÷ 21 = 8
Dosing Volume gallons Gallons / in. Draw Down (inches)



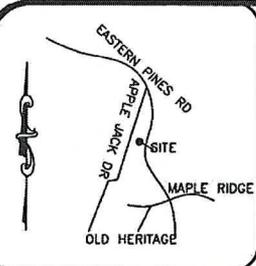
EASTERN PINES ROAD
60' PUBLIC R/W



ARBOR ROSE DRIVE

Borings Located With GPS

Scale: 1" = 50'



VICINITY MAP (NTS)

- LEGEND**
- AC=AIR CONDITIONING UNIT
 - BOC=BACK OF CURB
 - DW=CONC DRIVEWAY
 - EB=ELECTRIC BOX
 - EOP=EDGE OF PAVEMENT
 - P=PATIO
 - PO=PORCH
 - SCO=CLEANOUT
 - SW=SIDEWALK
 - TP=TELEPHONE PEDESTAL
 - WM=WATER METER
 - IRON PIPE FOUND
 - ⊙ IRON PIPE SET
 - NAIL SET

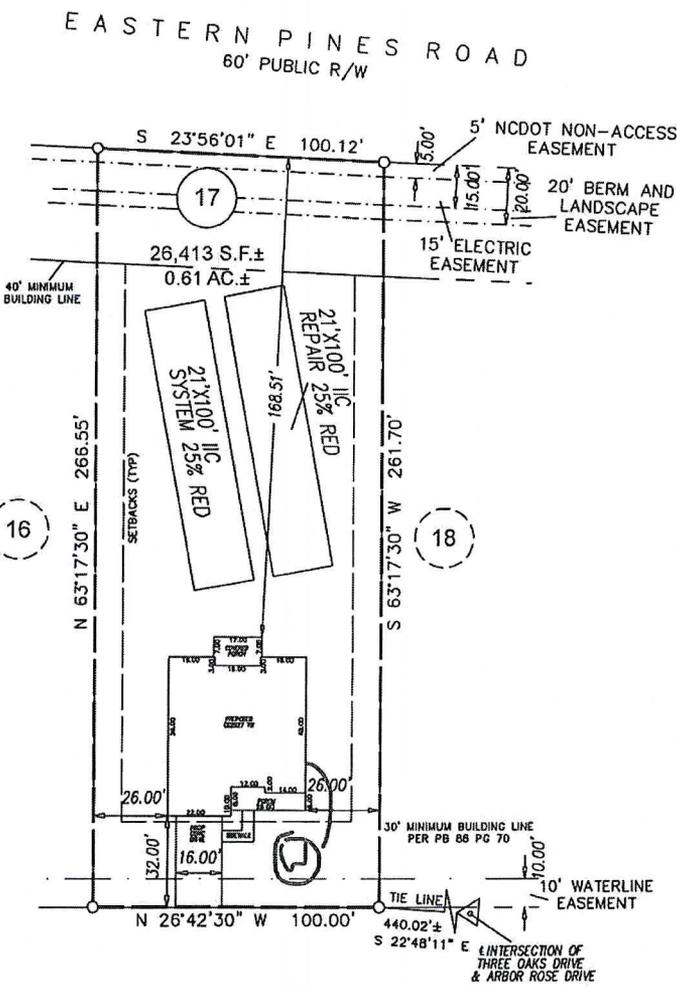
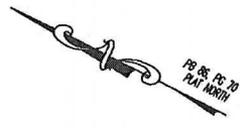


THIS EXHIBIT MAP IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.

DB FLOYD, PLS L-3640 DATE

THIS MAP IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP IS NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.

- GENERAL NOTES:**
1. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES IN U.S. SURVEY FEET UNLESS OTHERWISE NOTED.
 2. AREAS SHOWN HEREON WERE COMPUTED USING THE COORDINATE METHOD.
 3. LINES NOT SURVEYED ARE SHOWN AS DASHED LINES FROM INFORMATION REFERENCED ON THE FACE OF THIS SURVEY.
 4. PROPERTY MAY BE SUBJECT TO ANY/all EASEMENTS AND RESTRICTIONS OF RECORD. THIS SURVEY IS A CORRECT REPRESENTATION OF THE LAND PLATTED AND OR RECORDED AND HAS BEEN PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT. A NORTH CAROLINA LICENSED ATTORNEY-AT-LAW SHOULD BE CONSULTED REGARDING CORRECT OWNERSHIP, WITH AND LOCATION OF EASEMENTS, AND OTHER TITLE QUESTIONS REVEALED BY TITLE EXAMINATION.
 5. THIS MAP MAY NOT BE A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS AND HAS NOT BEEN REVIEWED FOR COMPLIANCE WITH RECORDING REQUIREMENTS FOR PLATS.
 6. DRIVEWAY IMPERVIOUS CALCULATION SHOWN HEREON CALCULATED TO THE FRONT PROPERTY LINE/RIGHT-OF-WAY.

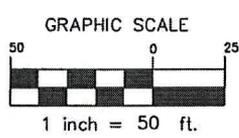
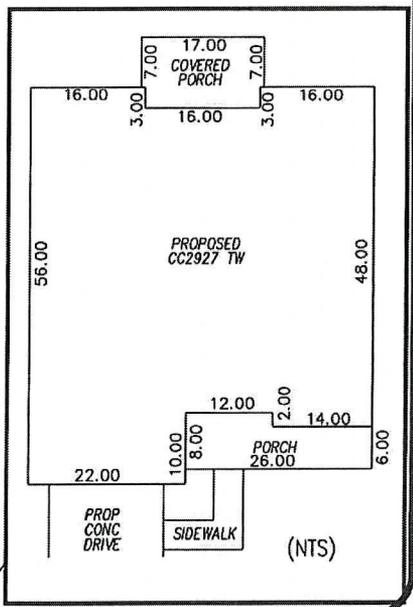


IMPERVIOUS AREA

HOUSE	2,755 SQ.FT.
DRIVE TO R/W	512 SQ.FT.
WALK	72 SQ.FT.
TOTAL	3,339 SQ.FT.

SETBACKS PER PB 86 PG 70

FRONT	30'
SIDE	10'
REAR	10'



PRELIMINARY PLOT PLAN

PROJECT:	THREE OAKS
DRAWN BY:	SSH
SCALE:	1"=50'
DATE:	09-30-2021

FOR
CAVINNESS & CATES
ARBOR ROSE DRIVE
LOT 17 THREE OAKS SUBDIVISION
GRIMESLAND TWP., PITT CO., NC
P.B. 86, PG. 70

ECLS GLOBAL, INC.
U.S. VETERAN OWNED
19 N MCKINLEY ST
COATS, NC 27521
910.897.3257 ECLSGLOBALINC.COM
910.897.2329 (FAX) 00#0-4175

**Authorization to Construct
Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner or Owner's Representative)**

Septmeber 20, 2202
(Date)

Owner: Caviness & Cates Building and Development Company Owner's Representative: _____
Address: 639 Executive Place Ste 400 Address: _____
Fayetteville, NC 28305 _____

Specify Permit #/owner's name/property location/site legal description:

WLS-2021-108619 915 Arbor Rose

I, Caviness & Cates Building and Development Company voluntarily relinquish my rights to pursue a formal appeal through the
(print full name)

Office of Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new AC) for the site. I understand by completing this form the previous Authorization to Construct issued on _____ for a _____ system for the site will
(date) (system type/description)
be "revoked" immediately by the authorized agent/local health department.

I understand the local health department's revocation of a permit can be appealed to the NC Office of Administrative Hearings within 30 days of the revocation pursuant to NC Administrative Procedure Act. I understand that in order for the local health department to issue another AC the current AC must be revoked. I understand that the local health department's revocation is not effective until 30 days from the revocation or, if the revocation is appealed, at the time that the Office of Administrative Hearings issues a final decision. I understand that by signing this form and relinquishing my right to appeal the permit revocation at the Office of Administrative Hearings that the local health department's permit revocation will become effective immediately. I understand that by signing this form that I agree that I do not want to appeal the permit revocation.

I understand that I am not required to relinquish my appeal rights but that this is an option available to me so I do not have to wait 30 days for the revocation of the permit to take effect

Pamela M Jeddie
Signature of Property Owner or Owner's Representative





PITT COUNTY
ENVIRONMENTAL HEALTH
 1717 W. 5th Street
 Greenville, NC 27834-1696
 Office (252) 902-3200
 Fax (252) 902-3208

Request for Authorization to Construct

Application Number: W152021-108619
 Date of Request: 10/20/21
 Call upon Completion: Yes No

Applicant: Caviness & Cates Building and Development Company

Address: 639 Executive Place Ste 400
Fayetteville, NC 28305
pam@cavinessandcates.com

Home #: _____ Work #: (910) 778-7902
 Cell #: (910) 709-9801 Pager #: _____
 Fax #: (910) 481-0585 Other #: _____

Site Address: 915 Arbor Rose Drive

Subdivision Name: Three Oaks Lot #: 17 Block/Phase: _____ Parcel #: 85456

Please indicate desired system type(s). Systems can be ranked in order of your preference.

Accepted Alternative Conventional (rock) Innovative Any Other _____

Notes: _____

Authorization to Construct Requested by Pamela M. Geddie
Pamela M. Geddie for Caviness & Cates Building and Development Company

<u>Activity</u>	<u>Check one</u>
Additional fee for Non-Traditional Systems, Pump System, Fill System, etc.	\$100.00
Additional fee for Pretreatment Systems, Type V or Type VI system	\$300.00
Revise an Improvement Permit that has No Authorization to Construct—without site visit.....	\$ 50.00
Revise an Improvement Permit that has No Authorization to Construct—with a site visit.....	\$100.00
Revise an Authorization to Construct---without a site visit	\$ 50.00
Revise an Authorization to Construct --with a site visit.....	\$100.00
Renew and redraw an Expired Authorization to Construct—requires a site visit	
Type I and II (includes alt. trench).....	\$ 50.00
Type III and IV.....	\$ 75.00
Type V and VI.....	\$100.00

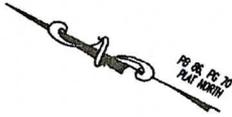
I understand the System Type specified is different from the type requested.

PMG 10/20/21
 Initial / Date

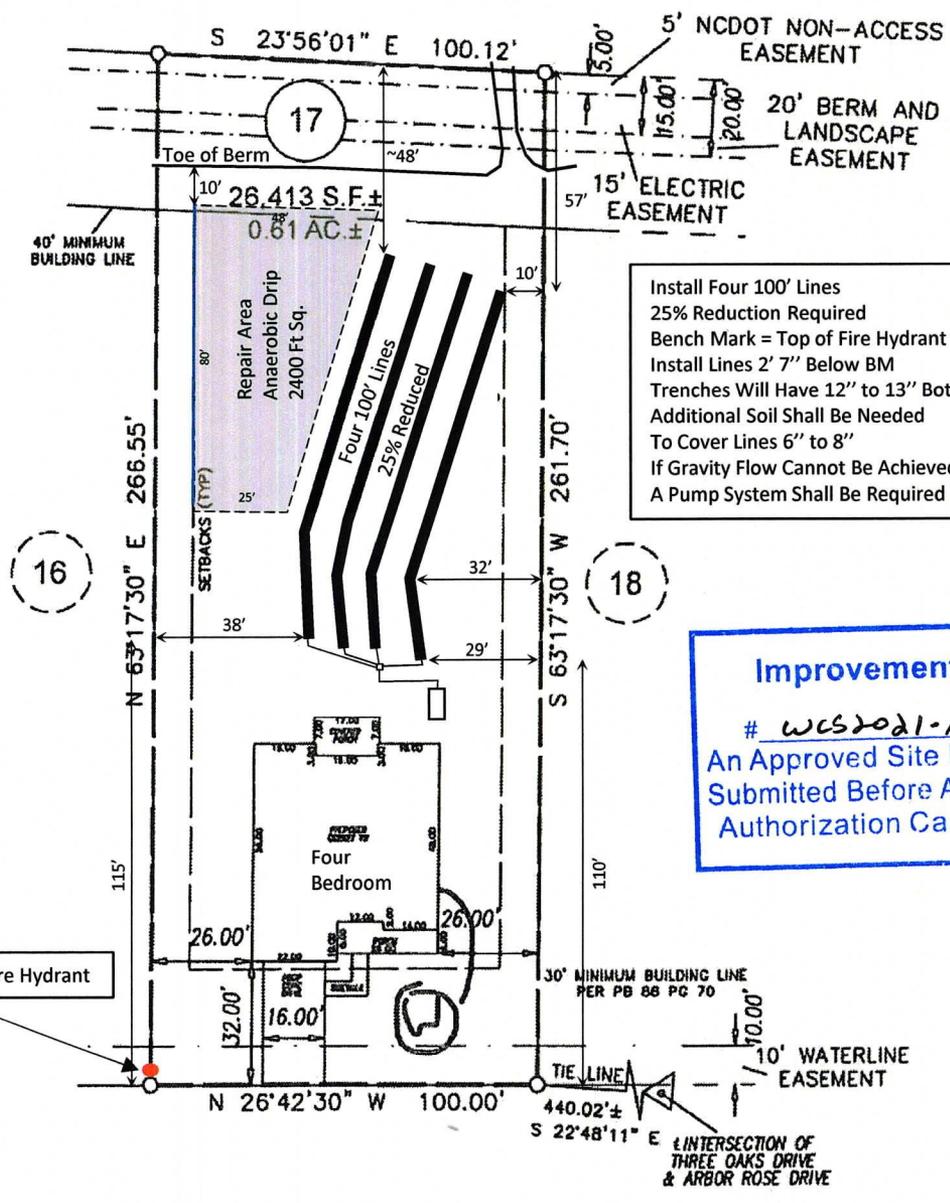
Authorization to Construct Issued 3-8-2022 by [Signature] CEHS

AMOUNT DUE 0
 Collected by: _____
 Date collected: _____

AUTHORIZATION TO CONSTRUCT
 BY 7490.712 REHS
 DATE 3-9-2022
 PERMIT # WLS2021-108619



EASTERN PINES ROAD
60' PUBLIC R/W



Install Four 100' Lines
 25% Reduction Required
 Bench Mark = Top of Fire Hydrant
 Install Lines 2' 7" Below BM
 Trenches Will Have 12" to 13" Bottoms
 Additional Soil Shall Be Needed
 To Cover Lines 6" to 8"
 If Gravity Flow Cannot Be Achieved
 A Pump System Shall Be Required

Improvement Permit
 # WLS2021-108619
 An Approved Site Plan Must Be
 Submitted Before A Construction
 Authorization Can Be Issued.

Bench Mark = Top of Fire Hydrant

ARBOR ROSE DRIVE

Scale: 1" = 50'

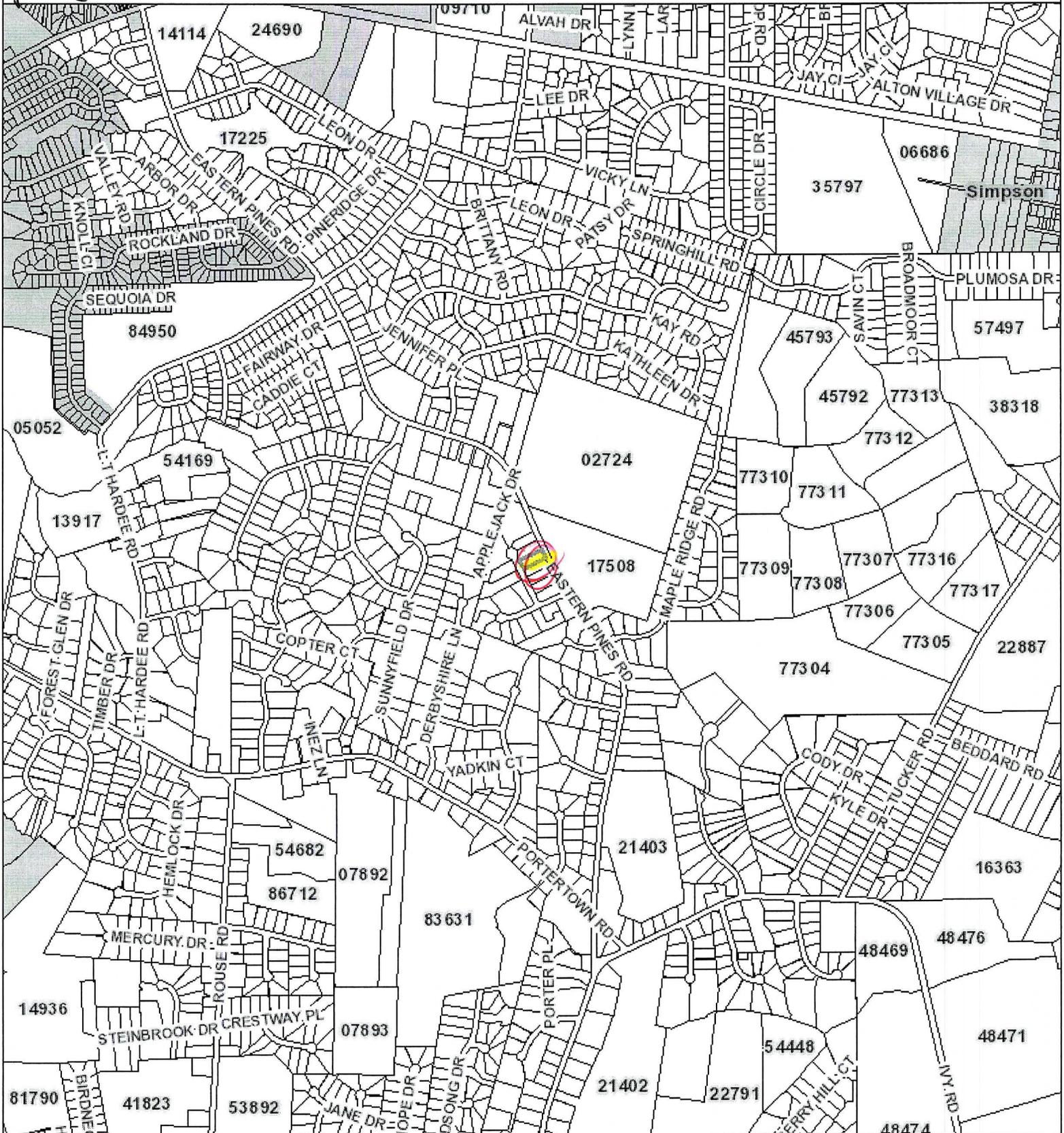


pam@CavinessandColes.com

Pitt County Environmental Health

1717 W. Fifth St.
Greenville, NC 27834
252-902-3200

Application # V152021-108619



This map is furnished by Pitt County for illustration purposes only. This map is NOT a certified survey.

1 inch = 1,409 feet

Applicant: _____

Date: _____