

CRAVEN COUNTY HEALTH DEPARTMENT
P.O. DRAWER 12610
NEW BERN, NC 28561
(252) 636-4936 FAX (252) 636-1474
"Working Together for Your Health"

Operation Permit

Application Number 12-00000098 Date 2/28/12
Property Address 810 A MADAM MOORES LN
Parcel Id 7-107 -021
Parcel Reference Number 0018843
Application type description EH - SEPTIC TANK APPLICATION - REPAIR
Subdivision Name
Property Use RESIDENTIAL
Property Zoning UNZONED

Owner

Contractor

KINCAID, WILLIAM I III
810A MADAM MOORES LN
NEW BERN NC 285626446
(252) 636-0011

Structure Information 000.000 3 BDR HOUSE

Other struct info INSTALLER PROVOST
INSTALLED SYTEM TYPE 00IGDT
IND PROCESS WW? (Y/N) N
SEE AS BUILT SKETCH (Y/N) Y
SEE INSP CHECKSHEET (Y/N) Y
MAXIMUM DESIGN FLOW (GPD) 360

Permit OPERATIONS PERMIT

Additional desc

Issue Date 2/28/12 Valuation 0

Special Notes and Comments

SEE REVERSE AND ATTACHED SHEET(S) FOR
ADDITIONAL CONDITIONS.

PVC Tee and filter added to existing
grease trap.

2-3'x 50' conventional trenches
installed with 24-48" trench bottoms.

This Operation Permit indicates that the system has been
installed in accordance with state regulations and should
not be taken as a guarantee that the system will function
for any given length of time.

Authorized Agent J. H. REHS



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 T15A. 18A. 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, drips, 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 or any standing water from the disposal field area.

The designated repair area shall be reserved for the installation of additional nitrification fields and shall not be covered with structures or impervious materials, including asphalt or gravel.

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.

For systems requiring an operator (see below), a contract shall have been executed between the system owner and a licensed operator for the perpetual operation and maintenance of the system. A copy shall have been submitted to the health department, prior to the issuance of this operation permit. It shall be a condition of this 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.

Understanding the Installed System Code (printed on front of this permit)

<u>Trench Type Code</u>	+	<u>Distribution Code</u>	+	<u>Trench Placement Code</u>	+	<u>Drainfield Configuration Code</u>
001 = Rock Trench		P = Pump		M = Mound (Tb's <12")		T = trench
002 = Rock Bed		G = Gravity		C = Cap (Tb's 12"-17")		B = bed
003 = Fill System		S = Siphon		S = Shallow (Tb's 18"-35")		N = Not Applicable
004 = Low Pressure Pipe		D = Dual Pumps		D = Deep (Tb's ≥ 36")		
050 = PPBPS (Panel Blocks)		U = Dual Siphons		N = Not Applicable		
051 = Large Diameter Pipe		A = Dual Gravity				
100-599 = Innovative or Accepted		N = Not Applicable				

CRAVEN COUNTY HEALTH DEPARTMENT
APPROVED

IP# _____
IP DATE _____ BY _____
CA# 12-98
CA DATE 1/23/12 BY JA

Trent River

100.7

Scale 1" = 50'

PVC Tee & Filter added to existing grease trap.

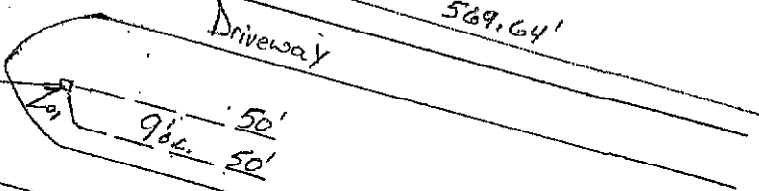
Pipe 30" deep.

2-3' x 50' conventional trenches installed with trench bottoms.

100.15



Landscaping



513.5

564.4

AS BUILT

INSTALLATION INSPECTION CHECK-SHEET

Craven County Health Department, Division of Environmental Health



OWNER/APPLICANT: William Kincaid

APPLICATION # 12-98

CONTRACTOR/INSTALLER: Provest

PERMIT # 11

SOIL CONDITIONS: Dry Moist Wet

Lat. / Long. _____

Septic Tank:

N/A

ST Stamp Information:

Sanitary Tee _____
 Filter _____
 Outlet Boot _____
 Baffle Wall _____
 Tank Integrity _____
 Tank Sealed _____
 Riser _____
 Location Markers _____

Manifold:

N/A

Manifold Pipe Diameter _____
 Control Valve _____
 Ball Valve (Each Line) _____
 Manifold Box & Lid _____
 Valve Boxes _____

Distribution Box:

N/A

Level JD 2/27/12
 Equal Distribution ↓ ↓
 Water-Tight _____

Pump Tank:

N/A

PT Stamp Information:

Tank Integrity _____
 Tank Sealed _____
 Riser _____

Nitrification Lines:

N/A

Aggregate Depth/Size _____
 Trench Depth _____
 Trench Width _____
 Trench Length _____
 Trench Spacing _____
 Trench Grade _____

Drainage Material: Rock

Gas Permeable Membrane: Fabric

Pump:

N/A

Pump Manufacturer / Model:

Vent Hole (if required) _____
 Check Valve _____
 Control Valve _____
 Pressure Head Set _____
 Rope or Chain _____

LPP Pipes:

N/A

Lateral Diameter _____
 Hole Size & Spacing _____
 Corrugated Sleeve _____
 Lateral Turn-ups (Standpipes) _____
 Valve Boxes/Caps on Standpipes _____

Electrical

Control: N/A

Panel Manufacturer / Model:

NEMA 4X Enclosure _____
 Alarm Audible/Visible _____
 Required Height _____
 Separate Circuits _____

Water Drainage / Diversion:

N/A

Setbacks _____
 Surface Drainage _____
 Subsurface Artificial Drainage _____
 Depth of Cover On Drainage _____
 Finish Landscaping/Grade _____

Supply Lines:

N/A

As Designed JD 2/27/12

Cover:

N/A

Soil Cap Thickness _____
 Soil Group _____
 5 ft. Extension _____
 Seed / Straw _____

Fill:

N/A

Interface Mixing _____
 Correct Height (Build-up) _____
 5 ft. Extension (Level) _____
 4:1 Slope _____

Other:

Design Flow, GPD: 300

Domestic Wastewater Yes No
 Industrial Process Yes No

Comments: PVC Tee and filter added to existing G.I. 2-3' x 50' rock trenches installed with 24' 48" TB'S.