

Name: Chenator Inc

Location: Cape Point Lot 7

Environmental Health Division
Carteret County Health Department
Beaufort, NC 28516 • (919) 728-8499

Authorization for Wastewater System Construction

(NO CERTIFICATE OF OCCUPANCY SHALL BE ISSUED
UNTIL OPERATION PERMIT HAS BEEN ISSUED)

Page 1 of 2 I.P. A-0632

G.S. 130a-336

Valid for Five (5) years from date of issuance

Subject to revocation if site plans or if site is altered or intended use is changed.

Date: 9-28-00 M.E. Classification: III B

- New Construction
- Repair
- Existing System

Authorization for Wastewater System Construction by:

[Signature]
Environmental Health Specialist

(Rev.01/97) CW
IP

Name: Brewster Insprtmnt Inc.

Location: Cape Point Lot 7

Environmental Health Division
Carteret County Health Department
Beaufort, NC 28516 • (919) 728-8499

A 6632

Page 1 of 2

Improvement Permit

* NO BUILDING PERMIT SHALL BE ISSUED UNTIL AUTHORIZATION TO CONSTRUCT IS ISSUED.
* NO AUTHORIZATION TO CONSTRUCT SHALL BE ISSUED UNTIL MODIFICATION (IF REQUIRED) IS APPROVED.

G.S. 130a-336

Improvement Permit

Subject to revocation if site plans or if site is altered or intended use is changed.

Permit valid for 5 years from date of issue

Date: 9/28/00

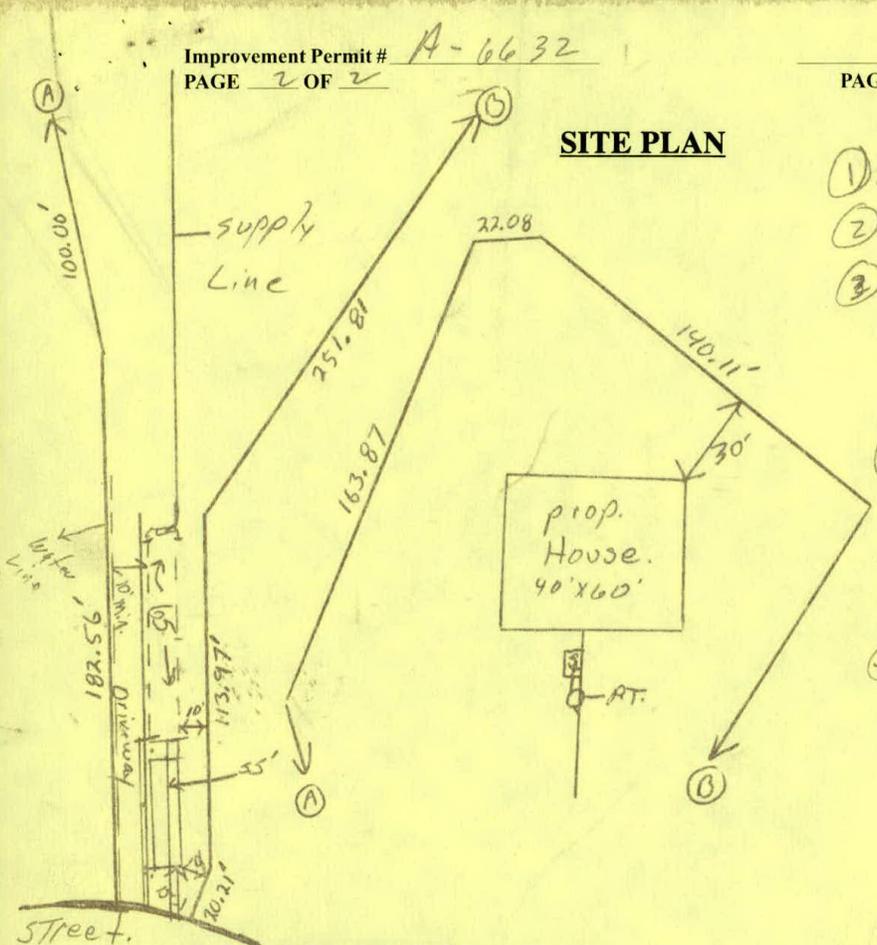
M.E. Classification: III B

- New Construction
- Repair
- Existing System

Improvements Permit by:

[Signature]
Environmental Health Specialist

SITE PLAN



- ① Prop Line (A) to (A)
- ② Prop Line (B) to (B)
- ③ septic tank and pump tank ~~are~~ are needed.
- ④ A barrier shall be put around septic system and repair Area
- ⑤ repair Area is a peat Biofilter system, size 10x36

ELECTRICAL PERMIT REQUIRED: YES () NO ()
 OWNER: Bluewater Investments Inc
 ADDRESS: 200 Mangrove St EI NC
28594 PHONE 252-354-2128
 TAX PARCEL: 5384-06-38-4306
 PROPERTY LOCATION: Hwy 24

***SYSTEM SHALL NOT BE INSTALLED UNDER WET CONDITIONS**
 *Trench bottom depth to be no deeper than 12" below the naturally occurring surface.

SUBDIVISION: Cape Point
 LOT: 7 BLOCK: _____ SEC: _____
 TYPE STRUCTURE: _____
 NO. BEDROOMS: 3 NO. BATHS: 2
 NO. PEOPLE: 6 DESIGN FLOW: 360
 GARBAGE GRINDER: YES () NO ()
 SEPTIC TANK: 1000 GAL. PUMP TANK: 1000 GAL.
 NO. LINES: 2 @ 65' WIDTH: 3
 TOTAL LENGTH: 195 FT. TOTAL 565 SQ. FT.
 WATER SOURCE: wewe
 HORIZONTAL DISTANCE FROM WELL: _____ FT.
 SITE MODIFIED: YES () NO (X)
 DRAINAGE REQUIREMENTS: _____

Easement Required: _____ Yes No
 Drainage Maintenance Req. Surface (X) Subsurface ()
 Maintain Minimum 10' From Water Line
 Comments: 6" cover is needed after installation Insp.

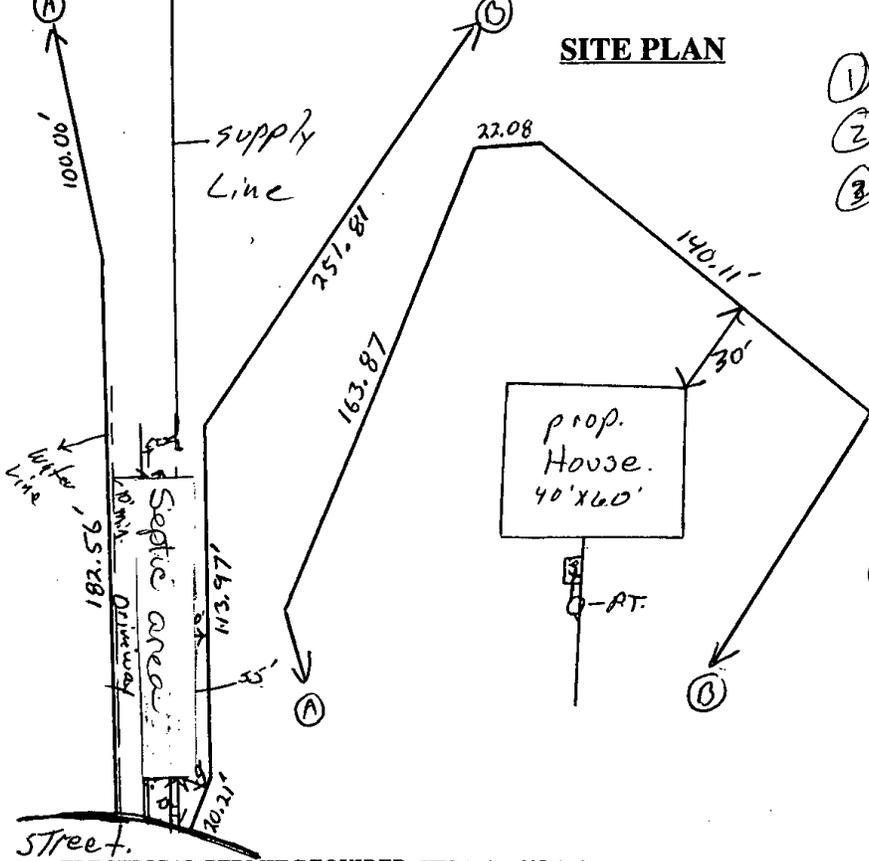
- * Prior to any changes in system layout, approval must be obtained from Health Department.
- * NOTICE: Construction must comply with all state and local regulations. Do not install well until well site has been approved on inspection.
- * NOTICE: Beware much property in Carteret County is subject to Wetland Regulations and properties containing wetlands should receive approval from U.S. Army Corp. of Engineers prior to development.

FOR SYSTEMS REQUIRING LESS THAN 18" TRENCH BOTTOMS, A MINIMUM OF 6" SOIL COVER IS REQUIRED AND MAY REQUIRE ADDITIONAL FILL OF AT LEAST GROUP II SANDY LOAM TEXTURE.

- STRUCTURE SHALL BE PLACED SO THAT GRAVITY FLOW IS ACHIEVED OR PUMP SYSTEM SHALL BE REQUIRED.
- DO NOT PARK, PAVE, DRIVE, OR BUILD OVER ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
- MAINTAIN A MINIMUM 5 FEET BETWEEN ANY FOUNDATION AND ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.

(OFFICE USE FOR FIELD NOTES ONLY)
 MODIFICATION INSPECTION BY: _____
 ENVIRONMENTAL HEALTH SPECIALIST

DATE: _____
 INSTALLER: _____
 COMMENTS: _____



SITE PLAN

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 TAX PARCEL: 5384-06-38-4306
 PROPERTY LOCATION: Hwy 24

***SYSTEM SHALL NOT BE INSTALLED UNDER WET CONDITIONS**
 *Trench bottom depth to be no deeper than 12" below the naturally occurring surface.

SUBDIVISION: Cape Point
 LOT: 7 BLOCK: _____ SEC: _____
 TYPE STRUCTURE: _____
 NO. BEDROOMS: 3 NO. BATHS: 2
 NO. PEOPLE: 46 DESIGN FLOW: 360'
 GARBAGE GRINDER: YES () NO ()
 SEPTIC TANK: 1000 GAL. PUMP TANK: 1000 GAL.
 NO. LINES: 2 @ 45' WIDTH: 3
 TOTAL LENGTH: 195 FT. TOTAL 585 SQ. FT.
 WATER SOURCE: wcwe
 HORIZONTAL DISTANCE FROM WELL: _____ FT.
 SITE MODIFIED: YES () NO (X)
 DRAINAGE REQUIREMENTS: _____

Easement Required: _____ Yes No
 Drainage Maintenance Req. Surface Subsurface ()
 Maintain Minimum 10' From Water Line
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