

PAMLICO COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

CERTIFICATE OF COMPLETION
 OPERATION PERMIT

ISSUED TO: C. F. Goldsmith ON PERMIT# 3134
ADDRESS: P.O. Box 1107 RECORD # 3803
Marion, North Carolina MAP # K071-1-5
PHONE: 249-1014 (Stanley Stevenson) SR # 1325
LOCATION: Sunset Shores lot # 5, Whortonsville

WATER SUPPLY:

PUBLIC
 PRIVATE: _____ feet from closest point of septic system

INSTALLER: Triple H CODE # 11

APPROVAL: This system has been inspected by the signing Sanitarian and has been APPROVED as shown on the:

PLOT PLAN As amended on 7-30-96 attached # 1
 FINAL PLOT
 ELECTRICAL INSPECTIONS APPROVAL RECEIVED: SEE ATTACHMENT

OPERATIONAL PERMIT RESTRICTIONS AND STIPULATIONS:

This system will be inspected _____ time(s) a year
 WATER CONSERVATION DEVICES OR METHODS
Comments: _____

ADDITIONAL: _____

HOUSE (XXX) OR MOBILE HOME () OTHER () _____
#BEDROOMS: 3 #BATHROOMS: _____ #FACTORS _____

***** FINAL PLOT *****

SEPTIC TANK # STB 11 7-8-96
PUMP TANK # _____

Lines inspected by Steve Lane no report

SANITARIAN [Signature] APPROVAL DATE 9-16-96

NOTE: THE OWNER OR CONTROLLER OF A PROPERTY IS RESPONSIBLE FOR THE MAINTENANCE OF A GROUND ABSORPTION SEPTIC SYSTEM IN A MANNER WHICH WILL NOT EMIT EFFLUENT OR CONTAMINATION TO GROUND SURFACE OR SURFACE WATERS. VIOLATIONS OF THIS LAW ARE PUNISHABLE AS A MISDEMEANOR UNDER G.S. 130A-23&25. (Ref. 1961)

PAMLICO COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
BAYBORO, NORTH CAROLINA 28515

IMPROVEMENTS PERMIT

Permit valid for 5 years

ISSUED TO: C. F. Goldsmith PERMIT # 3134

ADDRESS: P.O. Box 1107 RECORD # 3803

Marion, North Carolina

PHONE # 249-1014 (Stanley Stevenson) MAP # K071-1-5

REGISTERED PLAT: MAP BOOK _____ PAGE _____ DATE _____

REGISTERED DEED: DEED BOOK _____ PAGE _____ DATE _____

SUBDIVISION: Sunset Shores LOT # 5

TOWN: Whortonsville SR # 1325

LOCATION DIRECTIONS 55 to 1322, 1322 to 1321, 1321 to 1325. Sub-
division is on the right.

WATER SUPPLY: (X) PUBLIC
OR () PRIVATE _____ feet from any part of septic system

HOUSE (XXX) OR MOBILE HOME () OTHER () _____

#BEDROOMS: 3 #BATHROOMS: _____ #FACTORS _____

CLASSIFICATION: () SUITABLE (XXX) PROVISIONALLY SUITABLE

LAND DRAINAGE: () SUGGESTED () NECESSARY

() DITCH NECESSARY () SUB-SURFACE TILE NECESSARY set _____ deep
and () TRENCH ROCKED TO WITHIN 1' OF GROUND SURFACE
and () WITH POLYURITHANE CURTAIN: FRENCH DRAIN
and () FINISHED AT OUTFALL W/ SOLID PIPE & SCREEN
and () FINISHED AT OUTFALL W/ CHECK VALVE

*** If land drainage is necessary, you may need to contact CAMA for appropriate permits: Ref: Building Inspections Department

DESIGN: () LOCATION OPTIONAL (XXX) LOCATION AS SPECIFIED ON PLOT PLAN

() CONVENTIONAL SYSTEM: (ref. 1955) 18" X 3' trench, rock 12" deep nitrification lines on 9' centers

(XXX) SHALLOW SYSTEM: (ref. 1956) trench 36" wide, rock 12" deep, 6" soil cover, rock to natural ground surface

() MOUND SYSTEM: (ref. 1950b) trench _____" wide in suitable fill extending _____' beyond any part of system

*** _____ = depth of FILL; pump necessary if unable to gravity feed

*** If fill material is prescribed, you may need to contact The Army Corps of Engineers for appropriate permits: Ref: Build. Insp.

() LPP SYSTEM: (ref. 1957) see comments for design criteria

() BED SYSTEM: (ref. 1955d) see comments for design criteria

() OFF-SITE DISPOSAL: (ref. 1957) see comments for design notes

1000 gal SEPTIC TANK N/A gal PUMP TANK () GREASE TRAP
900 SQUARE FEET NITRIFICATION FIELD or NITRIFICATION BED
300 LINEAR FEET NITRIFICATION LINE; 3 X (100') or ()

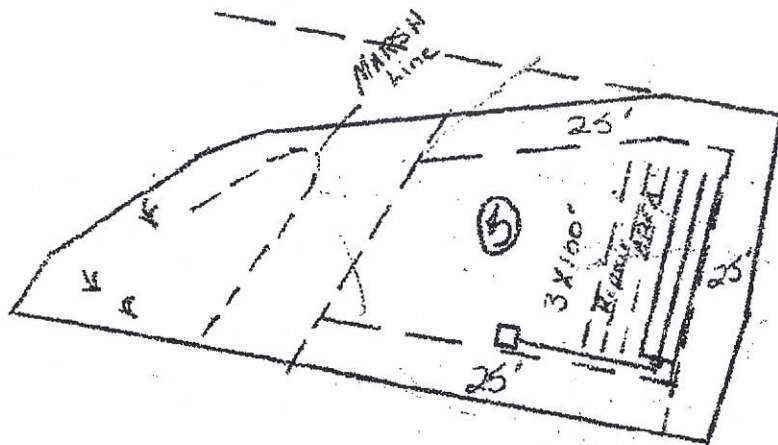
() COMMENTS: LOW PRESSURE PIPE SYSTEMS:
 PUMP AND SEPTIC TANKS TO BE WATERTIGHT
 PUMP SETUP: CHECK VALVE, GATE VALVE, THREADED UNION IN PLACE IN
 PUMP-SUPPLY SETUP. PUMP TO ACCOMMODATE GAL/MIN @ FT
 TOTAL HEAD. ON & OFF FLOATS SET INCHES APART WITH FLOAT
 SET TO ALLOW PUMP TO REMAIN SUBMERGED (1" ABOVE PUMP) AND ALARM
 FLOAT SET 1" ABOVE ON FLOAT. (ALLOWS APPROXIMATELY 24 HR STORAGE)
 NITRIFICATION FIELD: SUPPLY LINE = " SCH 40 PVC PIPE. LATERALS =
 1 1/4" SCH 40 PVC PIPE SET ON ' CENTERS. TRENCHES WIDE
 WITH ROCK DEPTH. HOLES TO BE NO CLOSER THAN ' FROM ENDS.
 PLACE " HOLES ON ' CENTERS = HOLES PER LINE. TURN-UPS
 @ ENDS OF LATERALS NECESSARY.
 ELECTRICAL INSPECTION BY BUILDING INSPECTOR NECESSARY FOR PUMP.

() COMMENTS: MOUNDED SYSTEMS: HEIGHT = _____"
 BASAL AREA: _____ X CROWN AREA: _____ X

(XX) COMMENTS: SHALLOW, CONVENTIONAL OR OTHER SYSTEMS:
 The system must be installed along the front portion of the lot.
 Landscape for proper drainage.

ADDITIONAL FOR ALL SYSTEMS:
 LANDSCAPE SYSTEM AREA FOR SURFACE WATER RUNOFF AND GRASS
 DO NOT PLACE DRIVE OR ANY BUILDING OVER SYSTEM AREA
 OBSERVE ALL PROPER SETBACKS; ref .1950
 TANKS MUST BE PUMPED CLEAN AS A PART OF ANY SYSTEM REPAIR.
 DISC NATURAL GROUND BEFORE INSTALLATION OF ANY FILL
 ALARM & ON-OFF FLOATS ON PUMPS MUST BE ON SEPARATE CIRCUITS
 * IF BUILDING AREA EXTENDS INTO SYSTEM AREA THIS PERMIT WILL BE INVALID
 * IF ANY OTHER REGULATORY AGENCY DENIES PERMITS FOR LAND ALTERATIONS AS
 DESCRIBED HEREIN, THIS PERMIT WILL BE INVALID

PLOT PLAN MUST NOT BE ALTERED UNLESS BY SANITARIAN APPROVAL
 ***** PLOT PLAN *****



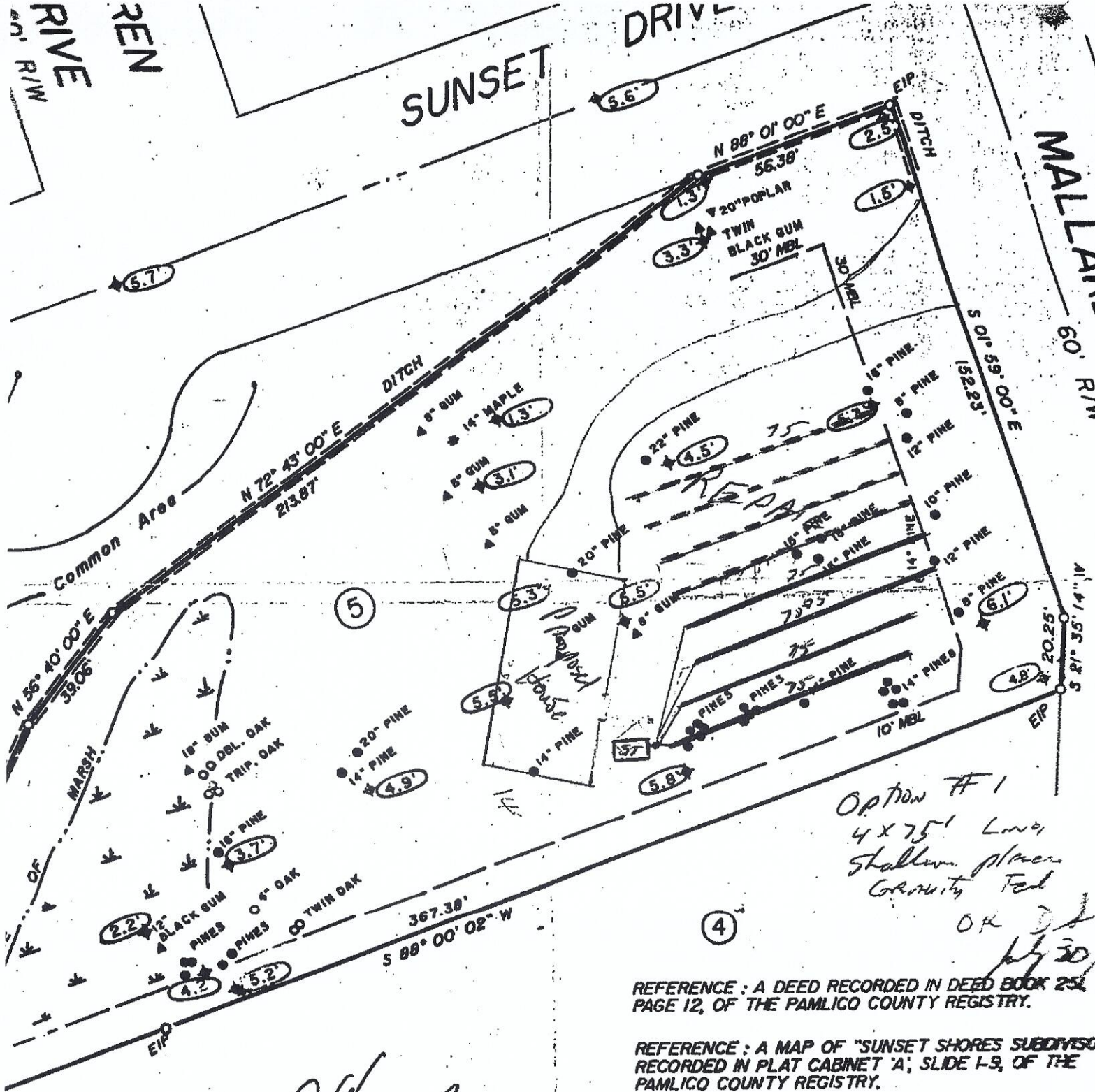
SANITARIAN J. Michael Black, Jr. DATE 10/16/91
 J. Michael Black, Jr.

NOTE: ALL SEPTIC SYSTEMS MUST BE INSPECTED AND RECEIVE APPROVAL BY A
 SANITARIAN OF THE LOCAL HEALTH DEPARTMENT BEFORE BEING COVERED
 OR PLACED INTO USE AND NO ELECTRICAL CONNECTION SHALL BE ALLOWED
 UNTIL APPROVAL HAS BEEN RECEIVED. (G. S. 136A-337d, 339)

REN
RIVE
R/W

SUNSET DRIVE

MALLARD
60' R/W



Option #1
 4 x 75' Long
 Shallow planer
 Gravity Fed

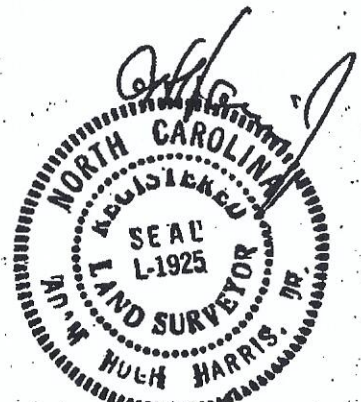
OK JA
 9/30

REFERENCE: A DEED RECORDED IN DEED BOOK 252 PAGE 12, OF THE PAMLICO COUNTY REGISTRY.

REFERENCE: A MAP OF "SUNSET SHORES SUBDIVISION" RECORDED IN PLAT CABINET 'A', SLIDE I-9, OF THE PAMLICO COUNTY REGISTRY.

BASED ON FLOOD INS. RATE MAP NO. 370181-0285-B THIS PROPERTY IS LOCATED IN AN "AT" FLOOD ZONE AND IS WITHIN THE 100 YEAR FLOOD BOUNDARY.

THIS SURVEY IS OF AN EXISTING PARCEL.



9/14/94

SCALE: 1" = 40'



0' 20' 40' 80'

APPLICATION FOR LOT INSPECTION

RECORD #: _____ LOT MARKER _____

APPOINTMENT REQUESTED: Yes DATE: _____

APPLICATION DATE: 10/01/91

APPLICANT'S NAME: Marvin Realty for C.F. Golds

APPLICANT'S ADDRESS: PO Box 1107, Marion, NC 28

DAY TIME TELEPHONE NUMBER: 209-1014 (Stanley Stevenson)

PROPERTY OWNER' NAME: C. F. Goldsm Jr

PROPERTY MAP NUMBER: K071-1-5

APPLICANT HAS THE PROPERTY OWNER'S PERMISSION TO HAVE THIS LOT INSPECTION DONE: _____ YES/NO

TYPE OF INSPECTION

- NEW SYSTEM
- EXISTING SYSTEM
- FLOW ADDITION
- REPAIR
- OTHER: _____
- OTHER: _____
- OTHER: _____

DWELLING

- HOUSE
- MOBILE HOME
- OTHER: _____

COPY

FACTORS:

NUMBER OF BEDROOMS: 3
NUMBER OF BATHS: _____

WATER SUPPLY: PUBLIC PRIVATE

PROPERTY DIMENSIONS: _____

ARE THERE 404 DESIGNATED WETLANDS ON THIS PROPERTY? YES NO

EXISTING SYSTEM INFORMATION: (ONLY)

IS THE EXISTING SYSTEM CURRENTLY IN USE? YES NO
IF NO, HOW LONG HAS THE SYSTEM BEEN OUT OF USE: _____ YEARS _____ MONTHS.

HAS THE PAMLICO COUNTY HEALTH DEPARTMENT EVER BEEN TO THIS SITE BEFORE? YES, NO
IF YES, FILE NAME: _____

LOCATION INFORMATION:NEAREST TOWN: Whitonsville SR#: 1325

SUBDIVISION NAME, IF ANY: Sunset Shores LOT#: 5

AUTHORIZATION

I understand that this application authorizes the Environmental Health Specialist to go onto said property for the purpose of a lot inspection and that the lot shall be:
STAKED AT CORNERS
CLEARED TO PERMIT EASY ACCESS
AND IDENTIFIED BY A SIGN ON THE ROAD FRONTAGE

I also verify that the above noted information is correct and do fully realize that should any portion be FALSE any permit received on this property will be considered INVALID.

PAMLICO COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
BAYBORO, NORTH CAROLINA 28515

IMPROVEMENTS PERMIT

Permit valid for 3 years

ISSUED TO: VILLAGE REALTY PERMIT # _____

ADDRESS: PO BOX 829 RECORD # 396
ORIENTAL, NC 28571

PHONE # _____ MAP # K071-1-5

REGISTERED PLAT: MAP BOOK _____ PAGE _____ DATE _____

REGISTERED DEED: DEED BOOK _____ PAGE _____ DATE _____

SUBDIVISION: SUNSET SHORES LOT # 5

TOWN: WHORTONSVILLE SR # 1325

LOCATION DIRECTIONS ON GRAVEL LOOP TO RT ON 1325

WATER SUPPLY: (X) PUBLIC

OR () PRIVATE _____ feet from any part of septic system

HOUSE (X) OR MOBILE HOME () OTHER () _____

#BEDROOMS: 3 #BATHROOMS: _____ #FACTORS _____

CLASSIFICATION: () SUITABLE (X) PROVISIONALLY SUITABLE

LAND DRAINAGE: () SUGGESTED (X) NECESSARY

() DITCH NECESSARY (X) SUB-SURFACE TILE NECESSARY set _____ deep
and (X) TRENCH ROCKED TO WITHIN 1' OF GROUND SURFACE
and () WITH POLYURITHANE CURTAIN: FRENCH DRAIN
and (X) FINISHED AT OUTFALL W/ SOLID PIPE & SCREEN
and () FINISHED AT OUTFALL W/ CHECK VALVE

*** If land drainage is necessary, you may need to contact CAMA for appropriate permits: Ref: Building Inspections Department

DESIGN: (X) LOCATION OPTIONAL () LOCATION AS SPECIFIED ON PLOT PLAN

() CONVENTIONAL SYSTEM: (ref.1955) 18"X 3'trench, rock 12"deep nitrification lines on 9' centers

(X) SHALLOW SYSTEM: (ref.1956) 12"X 3' trench, rock 12"deep, 6" soil cover, rock to natural ground surface

() MOUND SYSTEM: (ref.1950b) 18"X 3'trench in suitable fill extending 25' beyond any part of the system

*** _____ = depth of FILL; pump necessary if unable to gravity feed

*** If fill material is prescribed, you may need to contact The Army Corps of Engineers for appropriate permits: Ref: Build. Insp.

() LPP SYSTEM: (ref.1957) see comments for design criteria

() BED SYSTEM: (ref.1955d) see comments for design criteria

() OFF-SITE DISPOSAL: (ref.1957) see comments for design notes

1000 gal SEPTIC TANK _____ GAL PUMP TANK NECESSARY

720 SQUARE FEET NITRIFICATION FIELD or NITRIFICATION BED

240 LINEAR FEET NITRIFICATION LINE; 3 (80') or ()

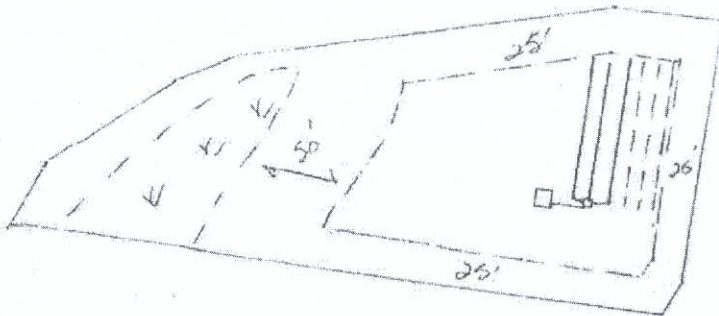
COMMENTS: LAND DRAINAGE NECESSARY PART OF THIS PERMIT
DRAINAGE EASEMENT IN PLACE FOR CONNECTION TO OUTFALL AT RD DITCH
"TURTLE-BACKED" SYSTEM AREA.

ADDITIONAL FOR ALL SYSTEMS:

- LANDSCAPE SYSTEM AREA FOR SURFACE WATER RUNOFF AND GRASS
- DO NOT PLACE DRIVE OR ANY BUILDING OVER SYSTEM AREA
- OBSERVE ALL PROPER SETBACKS: ref .1950
- DISC NATURAL GROUND BEFORE INSTALLATION OF ANY FILL
- ALARM & ON-OFF FLOATS ON PUMPS MUST BE ON SEPARATE CIRCUITS
- * SEPTIC TANK SHOULD BE PUMPED OUT FOR REPAIRS AS NEEDED OR AS NOTED.
- * IF BUILDING AREA EXTENDS INTO SYSTEM AREA THIS PERMIT WILL BE INVALID
- * IF ANY OTHER REGULATORY AGENCY DENIES PERMITS FOR LAND ALTERATIONS AS DESCRIBED HEREIN, THIS PERMIT WILL BE INVALID

PLOT PLAN MUST NOT BE ALTERED UNLESS BY SANITARIAN APPROVAL

***** PLOT PLAN *****



SANITARIAN VKD *Victoria Deal* DATE 12/07/88

NOTE: ALL SEPTIC SYSTEMS MUST BE INSPECTED AND RECEIVE APPROVAL BY A SANITARIAN OF THE LOCAL HEALTH DEPARTMENT BEFORE BEING COVERED OR PLACED INTO USE AND NO ELECTRICAL CONNECTION SHALL BE ALLOWED UNTIL APPROVAL HAS BEEN RECEIVED. (G. S. 130A-337d,339)

LETTER C NOTIFICATION

DATE: October 17 19 91

DEAR: C. J. Goldsmith
PO Box 1107
Marion, North Carolina 28752

Your site located: _____
or in Sunset Shores subdivision, lot # 5

- has been evaluated by:
- Vickie Deal, Environmental Health Specialist
 - David Stein, Environmental Health Specialist
 - Michael Black, Environmental Health Specialist

FILE COPY

The following document is available for a:
 3 Bedroom Home -or- Other: _____

Improvements Permit, valid until: October 16 19 96
Cost \$25.00

Authorization Existing System, valid until used
Cost \$25.00

- Your system has the following criteria:
- System Location Specific Subsurface Land Drainage
 - Buildable Area Limited Shallow System
 - Off Site System Low Pressure Pipe System
 - Other: _____ " Mound System

Our office is in need of the following data in order to complete your evaluation and failure to provide us this requested data within "2" years from the date of this notification will render your application request INVALID.

- Your property is in need of clearing to permit easy access.
- Better directions to your property, Flagging of lot lines
- Land elevations needed, See attached Drainage Plan Letter
- Lot dimensions noted on a registered deed or plat
- Topographic Survey
- Other: _____
- Other: _____

Comments: _____

Should you have any questions, comments and/or concerns please feel free to contact the Environmental Health Section of the Pamlico County Health Department by calling (919) 745-5634.

Thank you. *OB*

THIS FORM DOES NOT CONSTITUTE A PERMIT. IT SHOULD NOT BE VIEWED AS SUCH IN A PROPERTY TRANSACTION. THANK YOU.

GUIDE SHEET

RECORD #: 3803

DATE: 10-16-91

FILE NAME: Sunset Shores # 5

STATUS: A

SANITARIAN: MB

ENTERED: _____

.....

NOTIFICATION:

- IMPROVEMENTS PERMIT
- AUTHORIZATION EXISTING SYSTEM

BEDROOMS: 3
 OTHER: _____

- LOCATIONS SPECIFIC
- BUILDABLE AREA LIMITED
- OFF SITE
- OTHER: _____

- SUBSURFACE DRAINAGE
- SHALLOW SYSTEM
- LOW PRESSURE SYSTEM
- " MOUND

ENTERED: _____

.....

OUR OFFICE IS IN NEED OF:

- CLEARING
- BETTER DIRECTIONS, FLAGGING
- LAND ELEVATIONS
- LOT DIMENSIONS
- TOPOGRAPHIC SURVEY
- OTHER: _____

ENTERED: _____

.....

DATE OF COMPLETION: _____ INSTALLER: _____

PERMIT #: _____ PERMIT FEE: \$ _____ .00

ENTERED: _____

.....

OTHER: _____

ENTERED: _____

