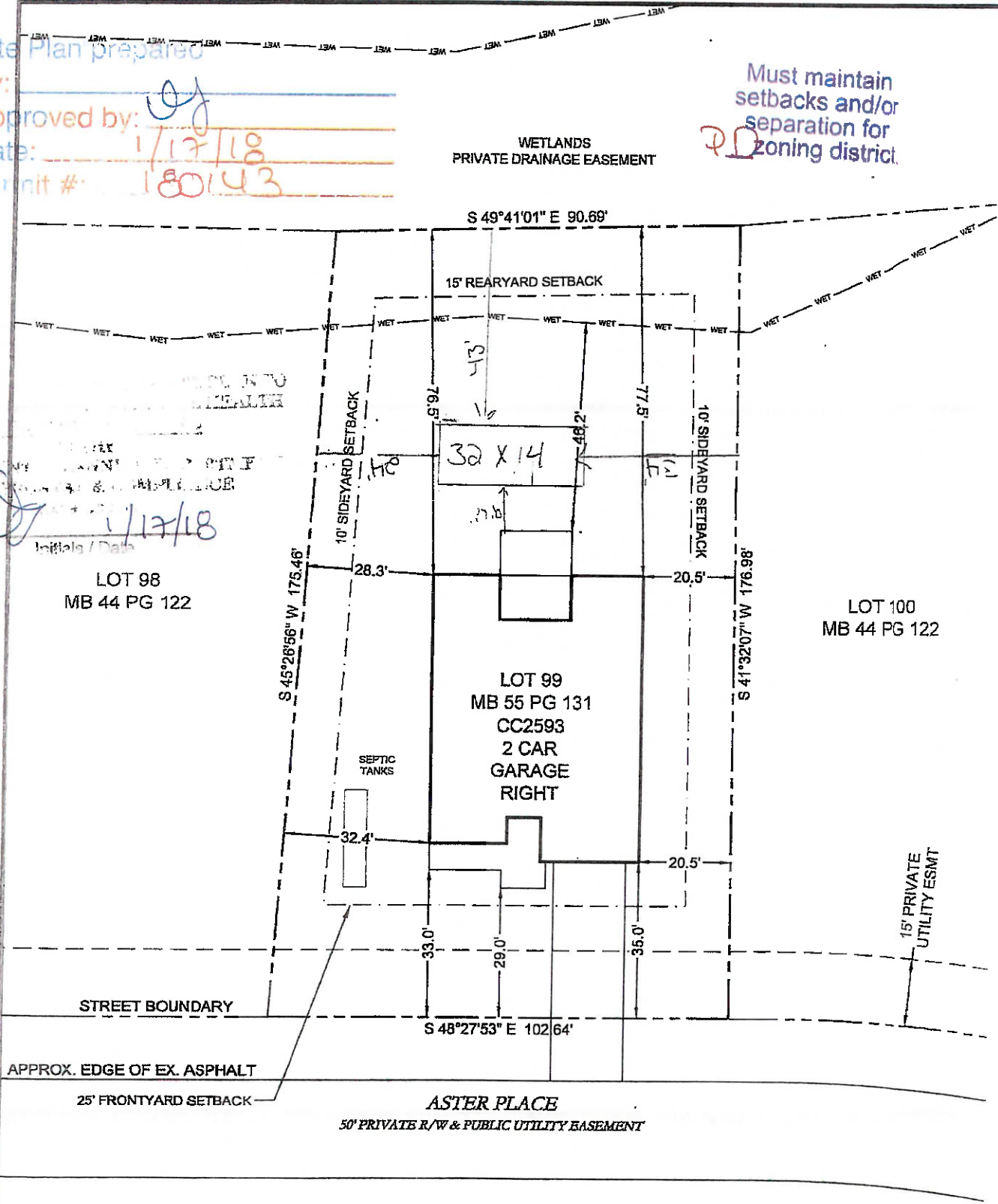


Site Plan prepared
 by: _____
 Approved by: *[Signature]*
 Date: 1/17/18
 Permit #: 180143

Must maintain setbacks and/or separation for zoning district *PD*

WETLANDS PRIVATE DRAINAGE EASEMENT

PER ORDER OF THE BOARD OF ENVIRONMENTAL HEALTH
 PENDER COUNTY, NC
 1/17/18
[Signature]
 Initials / Date



LOT 98
 MB 44 PG 122

LOT 100
 MB 44 PG 122

LOT 99
 MB 55 PG 131
 CC2593
 2 CAR GARAGE
 RIGHT

STREET BOUNDARY

APPROX. EDGE OF EX. ASPHALT

25' FRONTYARD SETBACK

ASTER PLACE

50' PRIVATE R/W & PUBLIC UTILITY EASEMENT

PENDER COUNTY HEALTH DEPT.
 ENVIRONMENTAL HEALTH SECTION
 P.O. BOX 1209
 BURGAW, NC 28425
 PERMIT # NA Pool Location etc.
 PAGE _____ OF _____
 SIGNATURE *[Signature]* DATE Jan 23, 2018

MB 55 PG 131

PRELIMINARY DRAWING
 DO NOT USE FOR
 CONSTRUCTION,
 RECORDATION,
 CONVEYANCES, OR
 SALES.



Pender County Health Department

Environmental Health Division
803 Walker Street, P.O. Box 1209
Burgaw, NC 28425

Phone: 910-259-1233 Fax: 910-259-1404
www.pendercountync.gov

Wastewater System Operation Permit

Parcel Pin: 3292-78-5332-0000

Permit Number: CA16-241H

Property Address: 159 Aster Place

Facility Type: Single Family Dwelling

Property Description: Eagles Watch Lot 99

Owner: Caviness & Cates

System Operator: N/A

Address:

REQUIRED INSPECTIONS

ORC Inspection every: N/A

System Installer: Arnold's

PCHD Inspection every: 5 yrs.

System Classification: Pump To Other Trench (25%)

System Type: IIIbg SBT

In accordance with NCGS 130A-11 and 15A NCAC 18A Section .1900, This Operation Permit is issued to:

Caviness & Cates

For the operation of a 480 GPD wastewater treatment and disposal system.

Conditions

1. This permit shall be effective only with respect to the nature and volume of the waste specified. Water softener backwash is not allowed in the system.
2. This permit is transferable; however, any conditions imposed on this permit shall also transfer to the subsequent owner.
3. The system shall perform and be properly maintained and operated at all times in accordance with Rule .1961.
4. The owner, or other contractually responsible party if applicable, is responsible for compliance with 15A NCAC 18A section .1900.
5. In the event of failure of the system to perform satisfactorily (as determined by the PCHD), the owner, or other responsible part if applicable, shall take such corrective actions as required by the Department within the specified period of time.
6. No traffic, vehicles or excavations shall be allowed on the system or the repair area.
7. Appropriate permits shall be obtained from the PCHD prior to any repairs to the system or additions of flow.
8. The owner (and ORC, if applicable) shall notify the PCHD of any malfunction or necessary repairs.
9. The owner is responsible for keeping the plumbing system of the facility in good repair and eliminating leaks, drips, or excess flows as they are found.
10. A useable repair area as designated by the PCHD shall be maintained and reserved for the addition to or replacement of the initial drainfield.
11. Refer to the "as-built" inspection record on file at PCHD for system installation specifications.
12. Permits for Types V and VI systems expire in 5 years. Owner must contact PCHD 6 months prior to expiration for permit renewal.
13. The system shall be maintained and operated at all times in accordance with the Schedule of Operation and Maintenance shown on pg 2 of this permit.
14. Unless specifically allowed for on the Construction Authorization, systems are not designed for garbage disposal use.
15. See page 2 for any additional conditions.

This permit may be suspended or revoked for non-compliance with any permit condition.

ISSUED: Dec. 12, 2017


Registered Environmental Health Specialist

CA# 16.2414
PIN:

WASTEWATER SYSTEM INSTALLATION RECORD

Applicant:
System Installer:

Property Description: Eagles Watch 99
System Type:

<u>IB</u> MANU. <u>FPS/Futrell</u> PT STB- <u>11</u> <u>1000</u> GAL DATE <u>10-10-17</u> PSI LEAK TEST _____ PRETEST # _____ RISERS: INLET _____ OUTLET _____ EFFLUENT FILTER BRAND _____ MODEL _____ PIPE SEALS OK _____	MANU. <u>Futrell</u> PT _____ <u>1000</u> GAL DATE _____ PSI LEAK TEST _____ PRETEST # _____ INLET RISER _____ OUTLET RISER <input checked="" type="checkbox"/> GPI = _____	CONTROL PANEL BRAND <u>RK Sons</u> MODEL _____ <u>3</u> # FLOATS SUPPLY LINE SIZE: <u>2"</u> _____ OK TO COVER _____ PRESSURE TEST INITIAL: _____ " _____ TIME ENDING: _____ " _____ TIME RESULT: _____ " / _____ MINUTE = _____ GPM	PUMP BRAND <u>Littlegia</u> MODEL _____ <input checked="" type="checkbox"/> ALARM OK <input checked="" type="checkbox"/> PULL ROPE <input checked="" type="checkbox"/> FLOAT SUPPORT <input checked="" type="checkbox"/> FLOAT ADJUSTED <input checked="" type="checkbox"/> ENCLOSURE/CONDUIT <input checked="" type="checkbox"/> DUCT SEAL/GROUT
--	--	--	--

Initial Meter Readings: ETM _____ Events _____ Date _____

SUBSTITUTED SYSTEM TYPE INSTALLED _____ By this signature, the installer certifies that the

decision to substitute the accepted system for the system type permitted was made by the Owner. _____

DATE EHS NOTES YET TO DO

10-16-17 (3) lines installed. AKS

10-17-17 (2) lines installed AFP 1/2" fall, 3 1/2' sand

10/31/17 inspect pump, box pressure head
2 FT
4 IN drawdown

FINAL INSPECTION COMPLETED

AGRAM



PENDER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION
803 Walker Street, P.O. Box 1209
Burgaw, NC 28425
Phone 910-259-1233 FAX 910-259-1404
www.pendercountync.gov

WASTEWATER SYSTEM CONSTRUCTION AUTHORIZATION

Parcel PIN: 3292-78-5332-0000
Application Date: 5/2/17

Permit #: CA16-241H
Associated IP #: IP16-241H

Applicant: Caviness & Cates Bldg and Development Co
Address: 639 Executive Place Ste 400
Fayetteville, NC 28305
Phone: 910.778.7902

Owner: Caviness & Cates
Address:
Phone:

Property Address: 159 Aster Place
Property Description: Eagles Watch Lot 99
Permit Type: Residential New

Lot Size (Acres):
Facility Type: Single Family Dwelling
Water Supply: Public

INITIAL SYSTEM

Design Flow: 480 GPD
No. of Bedrooms: 4
Septic Tank: 1000 GAL
Pump Tank:
System Type: Pump To Other Trench (25'
System Class: IIIbg SBT
Nitrification: 3' x 400' Total
Max Trench Depth: 24"
Horiz Trench Separation: 9'

REPAIR SYSTEM

System Type: Peat Type B LPP
System Class: V
Nitrification: 26' x 80'
Max Trench Depth: 12"
Horiz Trench Separation: Bed

Conditions/Comments:

1 - NOT DESIGNED FOR GARBAGE DISPOSAL.

Install 5 @ 80FT lines. Excavate down to 60IN and backfill with Group I sand up to 24IN. Install high capacity chambers. Before backfilling first line, call PCHD for on site meeting to verify depth.

-INSTALL DRAIN LINES ON CONTOUR.

-IF GRAVITY FLOW CANNOT BE MAINTAINED A PUMP TANK WILL BE REQUIRED.

-THE DRAINFIELD MUST BE SEEDD PRIOR TO SYSTEM APPROVAL.

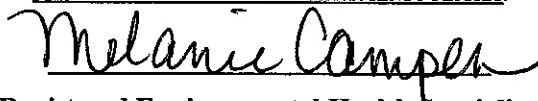
REFER TO THE ATTACHED SITE PLAN SHOWING THE SYSTEM AND FACILITY LOCATIONS AND OTHER SYSTEM SPECIFICATIONS. THIS AUTHORIZATION SHALL BECOME INVALID AND MAY BE REVOKED IF THE INFORMATION SUBMITTED ON THE APPLICATION OR SITE PLAN IS INCORRECT, FALSIFIED, OR CHANGES OR IF THE SITE IS ALTERED OR IF THE SYSTEM INSTALLATION IS NOT COMPLETED BEFORE THE EXPIRATION DATE. THE SYSTEM SHALL BE INSTALLED IN ACCORDANCE WITH:

-NORTH CAROLINA ADMINISTRATIVE CODE TITLE 15A .1900.

-APPLICABLE SYSTEM APPROVALS.

-PENDER COUNTY HEALTH DEPARTMENT POLICIES.

ISSUED: 6/14/17


Registered Environmental Health Specialist

EXPIRES: 9/7/21



PENDER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION
803 Walker Street, P.O. Box 1209
Burgaw, NC 28425
Phone 910-259-1233 FAX 910-259-1404
www.pendercountync.gov

IMPROVEMENT PERMIT

Parcel PIN: 3292-78-5332-0000
Application Date: 6/2/16

Permit #: IP16-241H

Applicant: Haywood Pittman
Address: 1003 Gregory Ford Rd
Richlands NC 28574

Owner: Clearly Development
Address: PO Box 7227
Jacksonville NC 28540

Phone: 910.330.2784

Phone:

Property Desc.: Eagles Watch Lot 99
Property Address: Aster Place
Permit Type: Residential New

Lot Size (Acres):
Facility Type: Single Family Dwelling
Water Supply: Public

Design Flow: 480 GPD
No. of Bedrooms: 4
Site Classification: PS

INITIAL SYSTEM

System Type: Pump To Other Trench (25%
System Class: IIIbg SBT
Useable Soil Depth: 72"
LTAR: 0.3

REPAIR SYSTEM

System Type: Peat Type B LPP
System Class: V
Useable Soil Depth: 12" SBT 60"
LTAR: 0.3

Conditions:

Install 5 @ 80FT lines. Excavate down to 60IN and backfill up to 24IN. Install high capacity chambers.
***Supply line routes to be verified and approved, and as built plans submitted prior to the issuance of the Construction Authorization.

-INSTALL DRAIN LINES ON CONTOUR.

-IF GRAVITY FLOW CANNOT BE MAINTAINED A PUMP TANK WILL BE REQUIRED.

-THE DRAINFIELD MUST BE SEEDED PRIOR TO SYSTEM APPROVAL.

Refer to the attached site plan for specific information regarding location of the designated area. Soil and site descriptions are located on file at Pender County Environmental Health. There may be other types of systems which are applicable to this site.

The permit and evaluation are valid only for the site as designated on the attached site plan. A Construction Authorization must be issued prior to the issuance of the Building Permit and before any construction or system installation can commence.

This permit is subject to revocation if the site plan, plat, or intended use changes or if the site is altered. Do not drive on or otherwise disturb the designated soil area or this permit may be revoked.

ISSUED: 9/7/16

Melanie Campen

EXPIRES: 9/7/21

Registered Environmental Health Specialist

PITTMAN SOIL CONSULTING

SEPTIC PROPOSAL

MAP PROVIDED BY PARKER & ASSOCIATES

910-330-2784, pittmansoil@yahoo.com

Owner: EAGLES WATCH

Address: LOT 99 & 99A

Location: ASTER PLACE

RECEIVED
AUG 05 2016

BY:



PENDER COUNTY HEALTH DEPT
ENVIRONMENTAL HEALTH SECTION

P.O. BOX 682
HAMPSTEAD, NC 28443

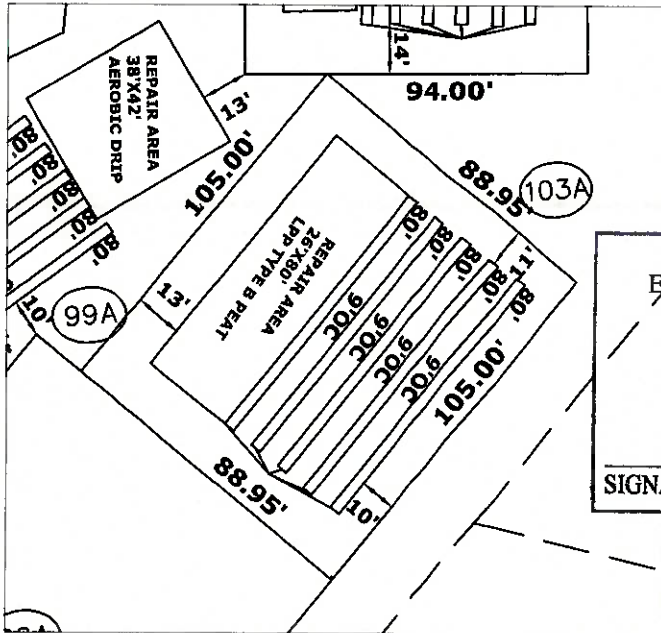
PERMIT # 1P16-241H
PAGE _____ OF _____

SIGNATURE McCamper DATE _____

BORING

- 0-12 SL 2.5Y 4/3
- 12-20 SL 2.5Y 6/4
- 20-30 CL 10YR 5/6
- 30-40 CL 10YR 5/6, 2.5Y 6/1, 7.5YR 5/8
- 40-48 SL/CL 10YR 5/6, 2.5Y 6/1, 7.5YR 5/8

9/7/16



BORING

- 0-10 SL 2.5Y 4/3
- 10-16 SL 2.5Y 6/4
- 16-24 CL 10YR 5/6
- 24-48 CL 10YR 5/6, 2.5Y 6/1
- 48- SL 10YR 5/6, 2.5Y 7/2

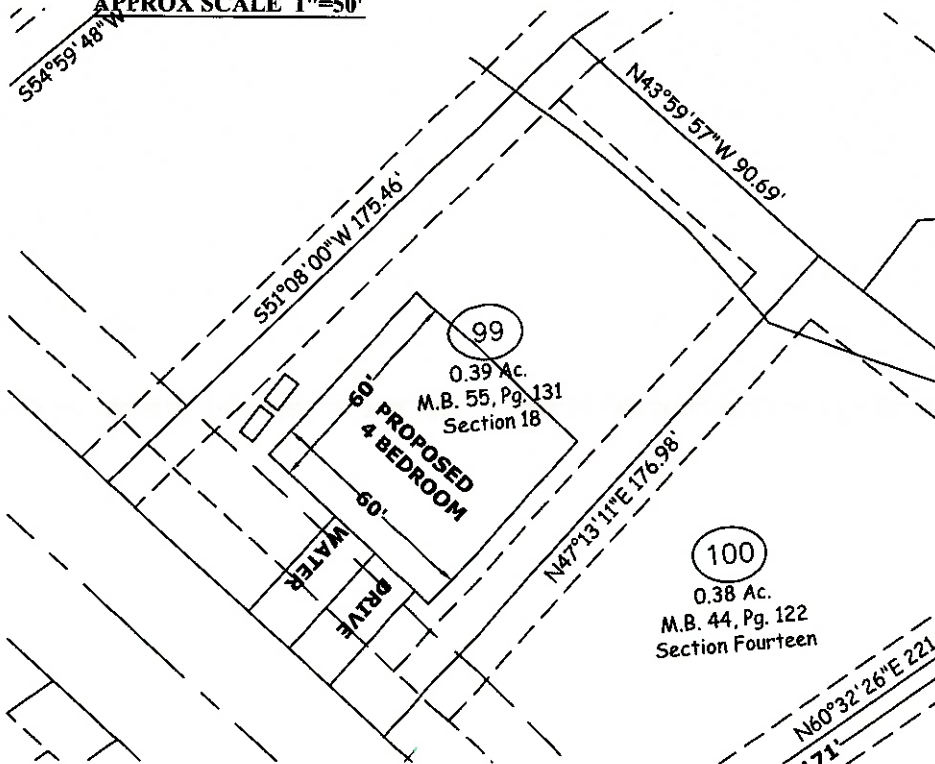
INITIAL

- 4 BEDROOM
- LTAR .3
- 5-80' 25% REDUCTION LINES
- EXCAVATE TO SAND AND BACKFILL TO WITHIN 24" OF SURFACE
- 24" TB
- >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

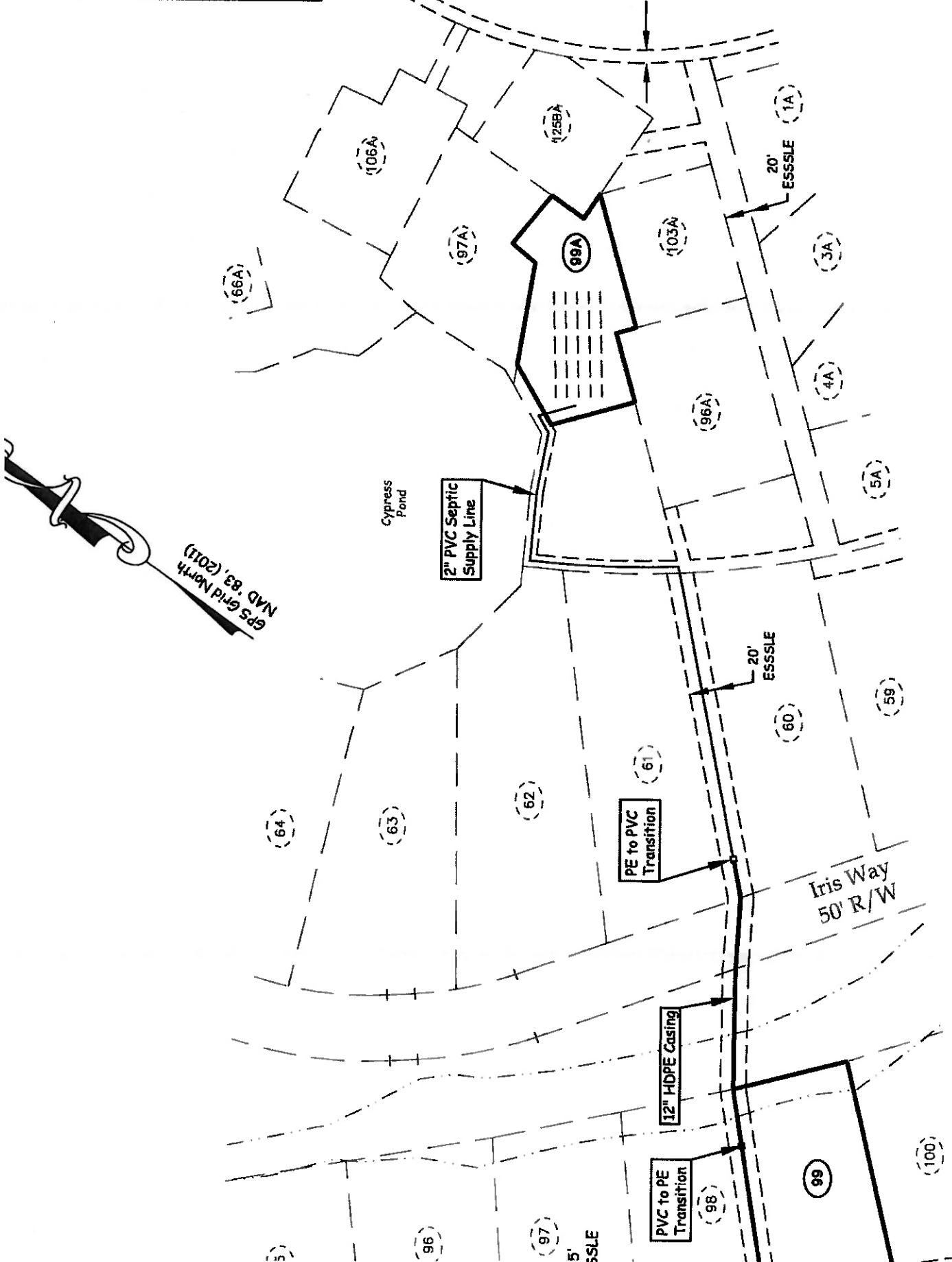
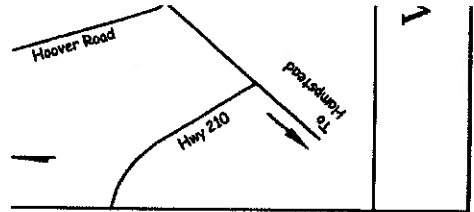
REPAIR AREA

- 4 BEDROOMS
- LTAR .3
- 26'X80' SQFT LPP PEAT TYPE B
- 12" TB SBT TO 60"
- >6" SOIL COVER REQUIRED OVER SYSTEM AND 5' BEYOND SYSTEM

APPROX SCALE 1"=50'



APPROX SCALE 1"=50'



Lot 99 Septic Supply Line Record Drawing - Sheet 1 of 1