



Martin-Tyrrell-Washington District Health Department
Caring for North Carolina

Kathleen DeVore Jones • Health Director
252-793-3023(p) 252-791-3108 (f)
www.mtwdistricthealth.org



Public Health
Prevent. Promote. Protect.

PIN _____

PERMIT NUMBER _____

COUNTY HEALTH DEPARTMENT OPERATION PERMIT

SPECIFIC SYSTEM INSTALLED Gravel Trench

System Type: IIIc Types V and VI systems expire in 5 years. (In Accordance with Table Va)
Owner must contact health department 6 months prior to expiration for permit renewal.

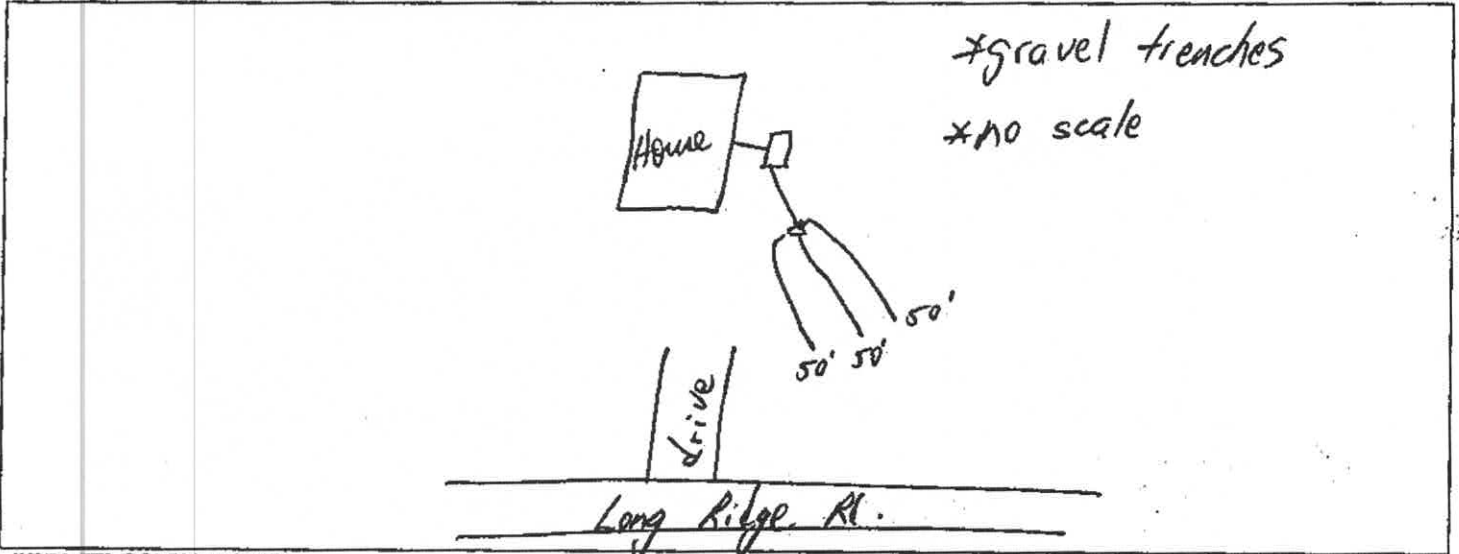
Leon T. Harrison
Owner's Name

D & W Contracting
System Installer

Mitchell Patrick, R.E.H.S.
Authorized State Agent

10/15/2012
Date of Operation Permit Issuance

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment, and all conditions of the Improvement Permit and Construction Authorization.



PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with Rule. 1961. II. Monitoring: As required by Rule.1961. III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

Other: _____

Subsurface system operator required? Yes ___ No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: _____

V. Other: _____

Martin County
210 W. Liberty Street
Williamston NC 27897

Tyrrell County
408 Bridge Street
Columbia NC 27925

Washington County
198 Hwy. 45 N
Plymouth NC 27962



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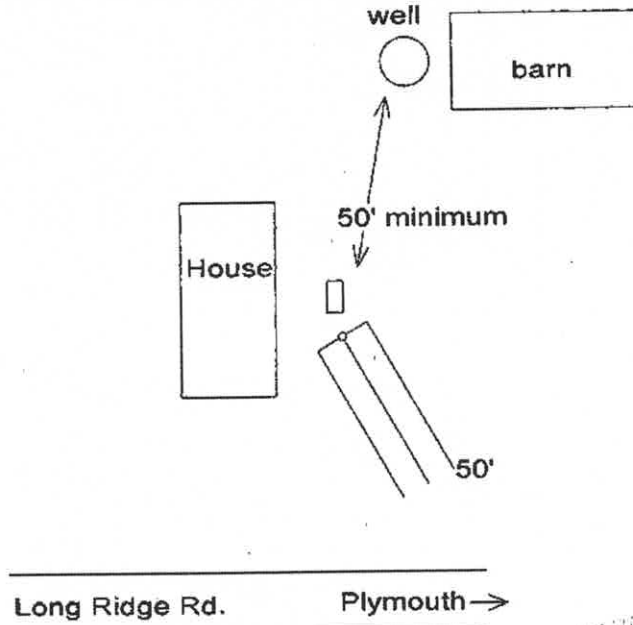


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Authorization for Wastewater Construction Repair Permit

Wastewater System: Conventional Pipe
Long Term Acceptance Rate (GPD/SQFT): 0.5
Trench Width: 3 FT
Trench Spacing (OC): 9 FT
Trench Bottom From NGL: -24 IN
Septic Tank Volume: 1000 GAL

Owner: Leon T. Hardison
Owner Address: 5941 Long Ridge Rd. Plymouth, NC 27962
Owner Phone #: _____
Property Address: 6122 Long Ridge Rd.
PIN: pinLTH
Record #: _____
Establishment Type: Home
Type of Well: Private Well
Design Flow (GPD): 240



Repair Site

1. Pump septic tank.
2. Install new tee and d-box.
3. 24" trench depth.
4. Geotextile, cloth over trenches.
5. No reduction for synthetic trenches.

Authorized Agent: _____

Mitchell Patrick P.S.

Date 10/2/2012

Martin County
210 W. Liberty Street
Williamston, NC 27892
252-793-1619

Tyrrell County
408 Bridge Street
Columbia, NC 27925
252-793-1750

Washington County
198 Hwy. 45 N
Plymouth, NC 27962
252-793-3023

MARTIN-TYRRELL-WASHINGTON DISTRICT HEALTH DEPARTMENT

Wastewater Permit Application

1-888-388-9208

** INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED **

** A SITE PLAN MUST BE SUBMITTED WITH THIS APPLICATION **

Permits are subject to revocation if information on application is falsified or if site plan or intended use changes

Permits valid for 60 months with site plan or without expiration with proper plat

() = Place a (/) mark prior to each item that applies.

Applicant: Leon T. Hardison Owner: Leon T. Hardison

Current Mailing Address: 5941 Long Ridge Rd. Current Mailing Address: 5941 Long Ridge Rd.

City, State, and Zip: Plymouth, N.C. 27962 City, State, and Zip: Plymouth, N.C. 27962

Phone #: 252-793-3885 Phone #: 252-793-3885 *217 7457

Site Location: 6122 Long Ridge Rd. 6.5 miles South on SR 1100 from U.S. 64 (Doutar Traffic Light)
Street Address/Lot # Directions to Site Lot Size 1 1/2 Acres

Type of Facility:

() Residence: () House () Mobile Home
Maximum Number of Bedrooms 2 Maximum Number of Occupants 4

() Business. Type of Business _____
Maximum Number of Employees _____ Maximum Number of Seats _____ Business Sq. Ft. _____

Water Supply: () New Well () Existing Well () Public/County

Septic Services

() Site Evaluation - \$200
() Repair Visit/Permit - Free
() Return/Re-evaluation - \$50
() Existing System Inspection - \$50

Septic Permits

() Improvement/Authorization Permits - \$65
() Operation Permits for Type IV and V system - \$150/\$200
() Rewrite Permit - \$50

Name and Date Original System Permitted _____
() Expansion of existing system - \$100 plus cost of permits if approved
Name and Date Original System Permitted _____

Indicate Desired System Type: (mark all that apply)

() Any approvable system () Conventional () Modified Conventional. () Innovative

Please answer Yes or No to the following questions:

No Does the site contain any previously identified jurisdictional wetlands?

No Any wastewater generated other than domestic sewage?

No Is the site subject to approval by any other public agency?

If yes, submit supporting documentation.

I hereby grant county and state officials permission to enter the property to conduct the services requested. I certify the information submitted is true, correct and complete. I will notify anyone receiving a permit, of all conditions and terms of the permit and the type of system that is required on the property.

Applicant Signature Leon T. Hardison Date 09/20/2012

() Mail Permit () Pick-up Permit () Call before going to lot: Phone # _____

AMOUNT PAID: _____ CHECK #: _____ CASH: _____ RECEIPT #: _____

AMOUNT PAID: _____ CHECK #: _____ CASH: _____ RECEIPT #: _____

CLERK SIGNATURE: _____ DATE: _____

CLERK SIGNATURE: [Signature] DATE: 9.21.12

SITE PLAN

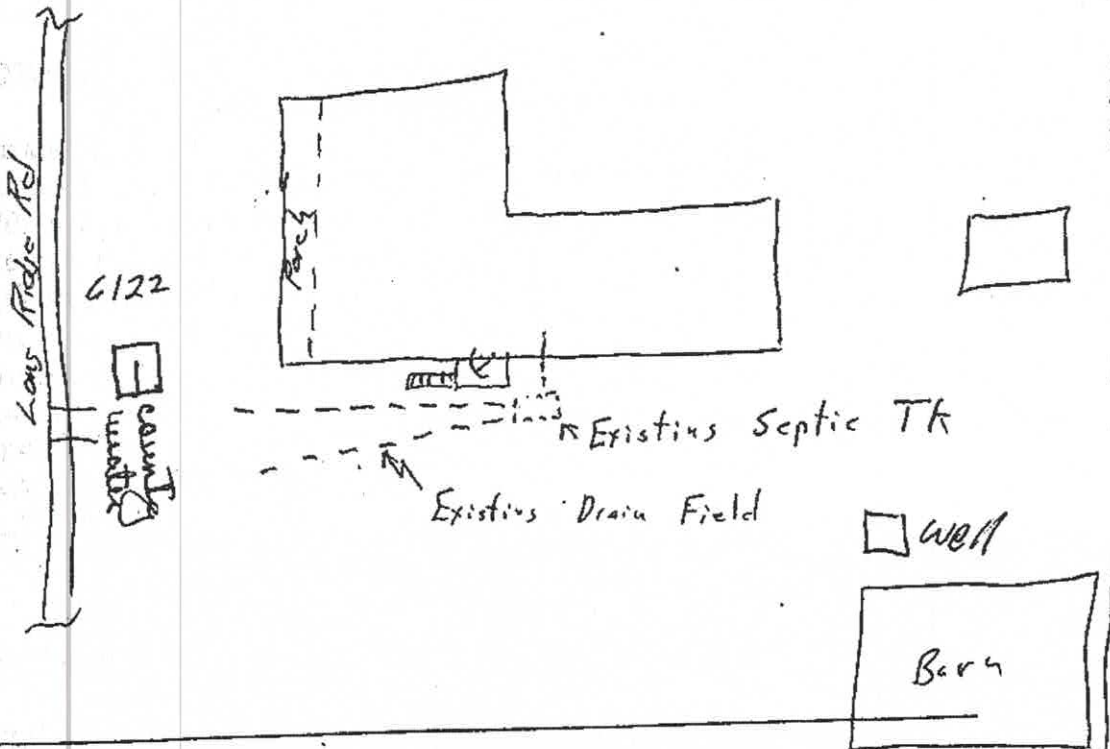
An example of a site plan is available to assist you in drawing this site plan.

SS
LOCATION

ARE REQUIRED TO DRAW AND LOCATE THE FOLLOWING ON THIS SITE PLAN**

- size and dimensions of the property.
- proposed location and dimension of all structures (house, proposed septic area, wells, water lines, buildings, pools, decks and drives).
- distance of the structures and the proposed septic area from the property lines.
- location of any existing septic systems and wells on this property and on the adjoining properties.
- location of any below ground chemical or petroleum storage tanks on the property.
- location of any landfills, waste storage and underground contamination on this property.
- easements or right of ways shall be identified.
- property lines, corners and structures shall be marked and the site made accessible,
- permitted by the Health Department, prior to the evaluation.

Draw in this area



I grant county and state officials permission to enter the property to conduct the services
I certify the information submitted is true, correct, and complete. I understand that I am
responsible for the proper identification and location of all the items required on this site plan.

Bar 4