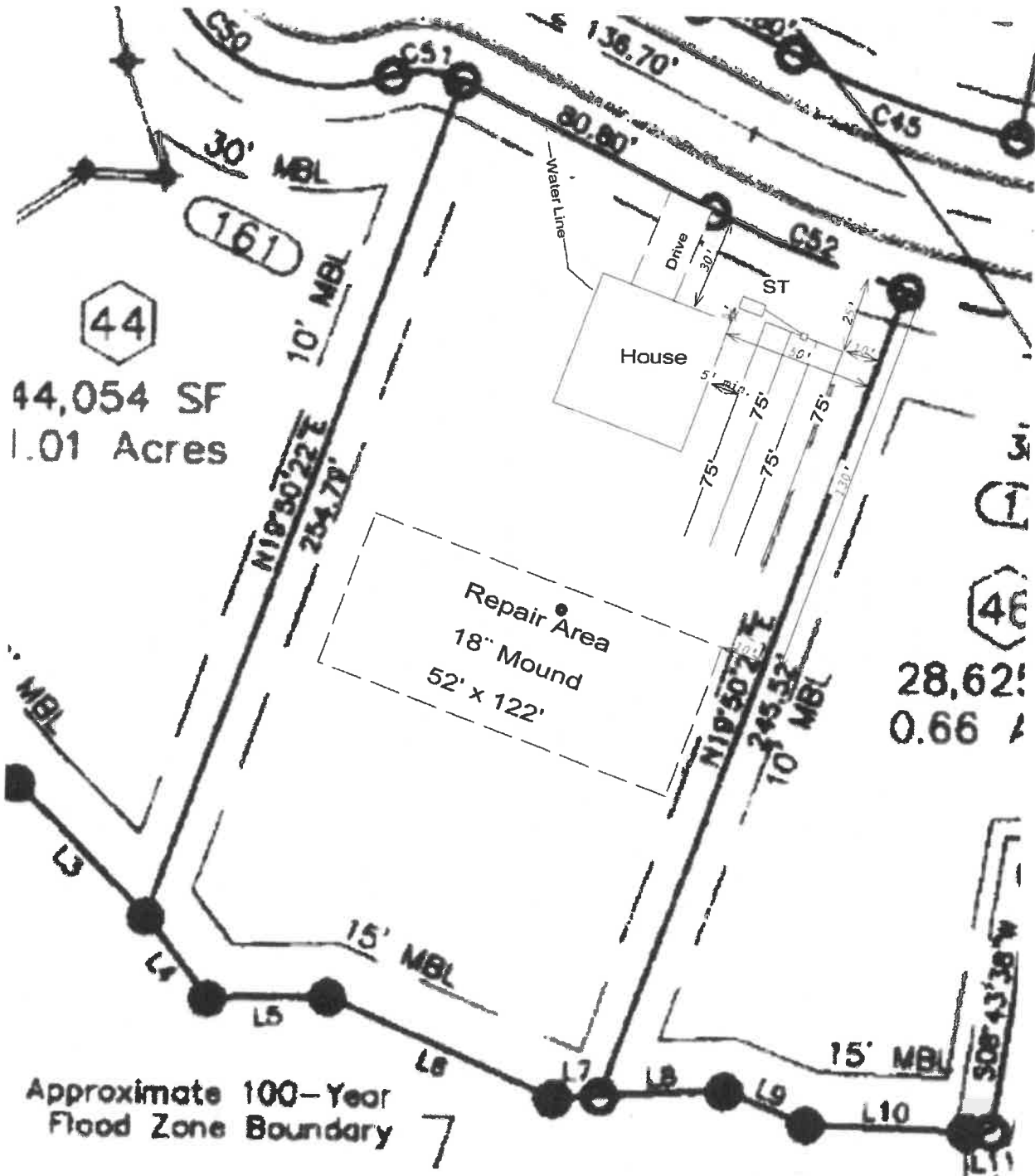
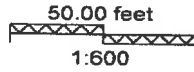


Shine Landing Lot 45 Septic



44
44,054 SF
1.01 Acres

46
28,625
0.66 Acres

Approximate 100-Year
Flood Zone Boundary

IMPROVEMENT PERMIT

Pamlico County Health Department
203 North Street
PO Box 306
Bayboro, NC 28515
Phone: (252) 745-5111

File/Permit Number: 458391 - 1
PIN/Lot Identifier: H092-6-45 / 45
Evaluated For: NEW
Permit valid until: 10/16/2030

Applicant: Jerry & Kathleen Nicholls
Owner: Jerry & Kathleen Nicholls
Property Location: 141 Sunshine Drive Arapahoe, NC 28510
Road#: _____
Owner's Phone Number: (864) 458-9900

Subdivision (if applicable): Shine Landine
Lot Size: _____ Lot #: 45 Block: _____ Section: _____

Facility Type: SINGLE FAMILY
Proposed Designed Daily Flow(GPD): 360
Type of Water Supply: PUBLIC
Number of bedrooms: 3
Number of Occupants: 6
Other: _____

System Specifications Initial

Proposed Wastewater System Type*: 25% REDUCTION
**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Proposed LTAR: 0.3 Sapolite System: No
Usable depth to Limiting Condition (inches): _____
Fill Depth: 6
Pump required: May be required Pump Tank(Gallons): 1000
Septic Tank (gallons): 1000
Min. Trench Depth (inches)*: 12
Max. Trench Depth (inches)*: 12
** Measured on the downhill side of the trench*

System Specifications Repair

Repair System Required? Yes
Proposed Wastewater System Type*: FILL/MOUND
**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*
Proposed LTAR: 0.3 Sapolite System: No
Usable depth to Limiting Condition (inches): _____
Fill Depth: 18
Pump required: Yes
Min. Trench Depth (inches)*: 18
Max. Trench Depth (inches)*: 18
** Measured on the downhill side of the trench*

Artificial Drainage Required: No If yes, please specify details: _____
Drainfield location meets requirements of Rule .0508: Yes Drainfield location meets requirements of Rule .0601: Yes

Permit Conditions:

1,000 gallon tank ,distribution box and 4 (3' x 75') 25% reduction drain lines with 6" topsoil cover for initial system - Repair is 18" Mound (52' x 122') - Maintain all setbacks - An Authorization to construct is required prior to installation of system and issuance of building permit and will be issued upon approval of final site plan by Pamlico County Health Department

Authorized Agent's Printed Name: McRoy, Eugene Issue Date: 10/16/2025
Authorized Agent's Signature:  Date: _____

See attached drawing

The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. The Department and Local Health Department may impose conditions on the issuance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation if the site plan, plat, or intended use changes (NCGS 130A-335(f)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting, and repair (per rule .0301(a)).

IMPROVEMENT PERMIT

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File/Permit Number: 458391 - 1
PIN/Lot Identifier: H092-6-45 / 45
Evaluated For: NEW
Permit valid until: 10/16/2030

Applicant: Jerry & Kathleen Nicholls
Owner: Jerry & Kathleen Nicholls Owner's Phone Number: (864) 458-9900
Property Location: 141 Sunshine Drive Arapahoe, NC 28510
Road#: _____
Subdivision (if applicable): Shine Landine
Lot Size: _____ Lot #: 45 Block: _____ Section: _____
Facility Type: SINGLE FAMILY Number of bedrooms: 3
Proposed Designed Daily Flow(GPD): 360 Number of Occupants: 6
Type of Water Supply: PUBLIC Other: _____

System Specifications Initial

Proposed Wastewater System Type*: 25% REDUCTION
**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*
Proposed LTAR: 0.3 Saproliite System: No Septic Tank (gallons): 1000
Usable depth to Limiting Condition (inches): _____ Min. Trench Depth (inches)*: 12
Fill Depth: 6 Max. Trench Depth (inches)*: 12
Pump required: May be required Pump Tank(Gallons): 1000 * Measured on the downhill side of the trench

System Specifications Repair

Repair System Required? Yes
Proposed Wastewater System Type*: FILL/MOUND
**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*
Proposed LTAR: 0.3 Saproliite System: No
Usable depth to Limiting Condition (inches): _____ Min. Trench Depth (inches)*: 18
Fill Depth: 18 Max. Trench Depth (inches)*: 18
Pump required: Yes * Measured on the downhill side of the trench

Artificial Drainage Required: No If yes, please specify details: _____
Drainfield location meets requirements of Rule .0508: Yes Drainfield location meets requirements of Rule .0601: Yes

Permit Conditions:

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Authorized Agent's Signature: _____ Date: _____

See attached drawing

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