

Martin-Tyrrell-Washington District Health Department

CERTIFICATE OF COMPLETION PERMIT NO. 4709
 OPERATION PERMIT Tank No. 578-801

Owner or Contractor David Bowen County Washington
Address 405 White Oak Rd. Plymouth Location Hwy 455 & W. a. Rd. 2 mile
on right.

This is to certify that the sewage disposal system installed by Bennie Moore has been inspected this date and was found to comply with state and local regulations governing same. Due to the many variable factors affecting the operation of this type system, no guarantee can be made as to the length of satisfactory service your sewerage system will give you.

As Permitted

Date 9-23-96

Mitchell Patrick
Environmental Health Specialist
MTW District Health Department

MARTIN - TYRRELL - WASHINGTON DISTRICT HEALTH DEPARTMENT



IMPROVEMENT PERMIT

OWNER David Bowen PERMIT NUMBER 164
 COUNTY Washington WATER SUPPLY Public
 MAILING ADDRESS 405 White Oak Rd.
Plymouth NC 27962
 SITE LOCATION white Oak Rd, Hwy 64W to 45 South
to white Oak Rd., 1/2 mile on right in field.
 FACILITY DESCRIPTION 2 bedroom mobile Home
 WASTEWATER SYSTEM TYPE IFC
 DESIGN WASTEWATER FLOW 240 gpd LTAR 0.33
 SITE CLASSIFICATION Provisionally Suitable
 SITE MODIFICATIONS N/A
 REMARKS N/A

CONDITIONS OF ISSUANCE See Authorization

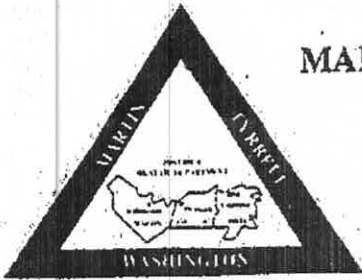
PLAT SUBMITTED Yes APPROVED Yes

Ronnie Cooper J.R.S. September 4, 1996
 ENVIRONMENTAL HEALTH SPECIALIST DATE

** AUTHORIZATION FOR CONSTRUCTION REQUIRED PRIOR TO
 INSTALLATION OF WASTEWATER SYSTEM AND PRIOR TO OTHER
 PERMITS TO BE ISSUED **

** THIS PERMIT IS SUBJECT TO REVOCATION IF SITE PLANS OR THE
 INTENDED USE CHANGES **

MARTIN - TYRRELL - WASHINGTON DISTRICT HEALTH DEPARTMENT



40.0

NEW REPAIR _____ REINSPECTION _____ ALTERNATIVE SYSTEM _____

OWNER/AUTHORIZED AGENT David J. Bowen

COUNTY OF PROPERTY Wash

HOME PHONE 793-9221 WORK PHONE _____

MAILING ADDRESS 405 White Oak Rd.
Elgin, NC

SITE LOCATION/DIRECTIONS: (STATE ROAD) _____; Hwy 64 W
 to 45 S to White Oak Rd. 1/2 mile on R
 farm land lot on R of house

LOT SIZE/DIMENSIONS 100x200

SUBDIVISION _____ LOT # _____

HOUSE BUSINESS _____

MOBILE HOME OTHER _____

OCCUPANTS 1 # EMPLOYEES _____

BEDROOMS 2 # SEATS _____

WATER SUPPLY PRIVATE PUBLIC

Will bring LOT PLAT ATTACHED LOT MARKED COPY OF DEED

MAIL PERMIT CALL FOR PICKUP CALL FIRST See Bonnie

** THE PERMIT IS SUBJECT TO REVOCATION IF SITE PLANS OR THE INTENDED USE CHANGES**

MARTIN COUNTY HEALTH CENTER
210 W. LIBERTY ST.
WILLIAMSTON, NC 27892
919-792-7811
919-792-8779 - FAX

TYRRELL COUNTY HEALTH CENTER
P.O. BOX 238
COLUMBIA, NC 27925
919-796-2681
919-796-0818 - FAX

WASHINGTON COUNTY HEALTH CENTER
198 NC HWY. 45 NORTH
PLYMOUTH, NC 27962
919-793-3023
919-793-3417 - FAX

EXISTING SYSTEM INSPECTION

- () MOBILE HOME RELOCATION _____ \$15.00
- () CONVENTIONAL HOME REINSPECTION _____ \$15.00
- () ADDITIONAL/RETURN EVALUATION _____ \$15.00
- () RECERTIFICATION _____ \$27.00
(BACTERIOLOGICAL AND HOME RE-INSPECTION)
- () REPAIR/ADDITIONAL LINES _____ N/C
- () NEW SYSTEM REQUIRED _____ \$25.00

WATER SAMPLE

- () BACTERIOLOGICAL _____ \$12.00
- () INORGANIC CHEMICAL _____ \$12.00
- () FLOURIDE _____ \$ 5.00
- () PESTICIDE _____ \$35.00
- () PETROLEUM _____ \$35.00
- () VOLATILE ORGANIC ANALYSIS _____ \$25.00
- () LEAD _____ \$12.00

I HEREBY GIVE MARTIN-TYRRELL-WASHINGTON DISTRICT HEALTH DEPARTMENT PERMISSION TO ENTER THIS PROPERTY TO CONDUCT THE SERVICES (S) REQUESTED.

P.A.T. Bowen DATE 8-14-96
SIGNATURE OWNER/APPLICANT

AMOUNT PAID 2500, RECEIPT # 10669
(X) CHECK () CASH

Bonnie [Signature] DATE 8-14-96
SIGNATURE OF CLERK

DATE	ACTION TAKEN	SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SOIL SITE EVALUATION FOR
ON-SITE WASTEWATER SYSTEM

APPLICANT: David Bowen OWNER AGENT: _____ PHONE: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED 8-23-96
PROPOSED FACILITY: _____
PROPERTY SIZE: _____

LOCATION OF SITE: _____
WATER SUPPLY: On-site Well _____ Comm. Well _____ Public _____ Other _____ EVAL. METHOD: Auger Boring _____ Pit _____ Cut _____

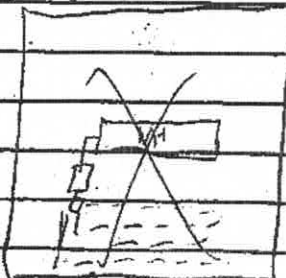
PROFILE #	.1940 LANDSCP POS./ SLOPE(%)	HORIZON DEPTH (IN.)	.1941			MATRIX COLOR	MOTTLE COLOR	OTHER PROFILE FACTORS
			(a)(1) TEXTURE	(a)(2) STRUCTURE	(a)(3) MINEROLOGY/ CONSISTENCE			
1		0-8	SL					.1942 Wetness Cond. - 36"
		8-30	SE	1S _{1/2} K		10YR5/6		.1943 Depth/.1956 Sapr. -
		30-36	SL	1S _{1/2} K		10YR6/8		.1944 Restrictive Horl. -
		36-48	SL	1S _{1/2} K		10YR6/8	10YR6/11	.1948 Profile Class. - Profile LTAR -
2		0-8	SL					.1942 Wetness Cond. - 36"
		8-30	SL	FBK		10YR5/6		.1943 Depth/.1956 Sapr. -
		30-36	SLL	1S _{1/2} K		10YR6/8		.1944 Restrictive Horl. -
		36-48	SL	1S _{1/2} K		10YR6/8	10YR6/11	.1948 Profile Class. - Profile LTAR -
3								.1942 Wetness Cond. -
								.1943 Depth/.1956 Sapr. -
								.1944 Restrictive Horl. -
								.1948 Profile Class. - Profile LTAR -
4								.1942 Wetness Cond. -
								.1943 Depth/.1956 Sapr. -
								.1944 Restrictive Horl. -
								.1948 Profile Class. - Profile LTAR -

AVAILABLE SPACE (.1945) _____ OTHER FACTORS (.1946) _____ SITE CLASSIFICATION (.1948) _____

SYSTEM TYPE _____ LONG-TERM ACCEPTANCE RATE(S) _____

EVALUATED BY: _____ OTHER(S) PRESENT: _____

COMMENTS: _____

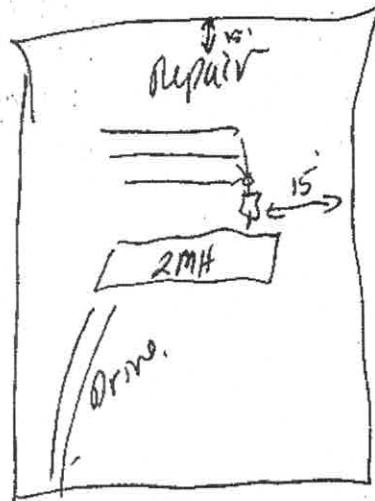


3x50' $3 \sqrt[3]{\frac{500}{240}}$ $3 \sqrt[3]{\frac{580}{20}}$
See bench

[Handwritten signature]
REPAIR

4.0

$$\begin{array}{r} 110 \\ 80 \\ \hline 30 \end{array}$$



3x80'

24" trenches

SR