



BREAK

**Carteret County
Environmental Health**

Section: Current Wastewater Information

ENVIRONMENTAL HEALTH DIVISION
CARTERET COUNTY HEALTH DEPARTMENT
BEAUFORT, NC 28516 (919) 728-8499

OPERATION PERMIT 8835
IMPROVEMENT PERMIT 8835
YEAR INSTALLED 2000

SYSTEM TYPE II
OPERATION PERMIT

OWNER: L.A. Freedman

MAILING ADDRESS: 104 Clubhouse Dr.

CITY, STATE, ZIP: Summerville NC 28584

BUSINESS PHONE: 393-8676 HOME PHONE: _____

PROPERTY LOCATION: Marys Bay Lot 11

SYSTEM DESCRIPTION: 1000 gal tank 0-box 3 lines at 24"

DESIGN DAILY SEWAGE FLOW 360 gal per day BASED ON Bedrooms (3)
(beds, seats, people, etc.)

DATE OF INSTALLATION INSPECTION: 6-9-00 INSPECTED BY: DK

INSTALLER: Sealand (CHRISS)

COMMENTS: _____

LESSEE OR PARTY RESPONSIBLE FOR OPERATION, MAINTENANCE, AND REPAIR OF THIS SEWAGE SYSTEM:

NAME: Sam ... ADDRESS: _____

- *It is the responsibility that all previous owners of this system assure the subsequent owners receive this permit and abide by all requirements and conditions.
- *If any ownership changes occur, then it is required for the new owner/operator to come into the Carteret County Health Department and upgrade the permit information.

ADDITIONAL REQUIREMENTS: _____

Maintenance and cleaning records should be kept by the system owner and should be available for review by the Carteret County Health Department during inspections of the system.

*This Operation Permit shall be valid as long as the sanitary sewage is in compliance with Article II of G.S. Chapter 130A Laws and Rules for Sewage Treatment and Disposal Systems 915 NCAC 18A.1900) of all conditions of this permit, including the items specified below.

1. The sewage collection, treatment, and disposal system shall be operated and maintained at all times to prevent public health hazards, to prevent seepage or discharge of sewage or effluent to the surface of the ground or surface waters and to prevent the direct discharge of effluent to the ground water.
2. If a grease trap is installed, it shall be inspected a minimum of 2 to 4 weeks and pumped as needed, with records of maintenance and cleaning kept by the owner. The grease trap will be required to be pumped and cleaned more frequently during peak season or periods of high use.
3. This permit does not constitute a warranty and does not negate or supersede any zoning restriction or restricted covenants in the chain of title. It is the responsibility of the permittee to determine whether or not such restrictions apply.
4. This permit is transferable and is valid only with respect to the facilities described herein and the specified design flow. Prior to any expansions or revisions, a revised permit shall be obtained from the Carteret County Health Department.
5. Septic tank sludge accumulation shall be evaluated every three (3) years and pumped when sludge level is found to be 12" or greater in depth.
6. No construction of buildings, parking, paving or driveways shall be allowed over system or repair area.
7. Water wells should not be constructed without site location approval from the Carteret County Health Department.
8. In event system fails, repairs must be permitted and installed within thirty (30) days.
9. Provide positive surface drainage over drainfield area, seed with perennial grass to prevent erosion, and keep area mowed.

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8835

G.S. 130A-338

IMPROVEMENT PERMIT

VALID FOR 60 MONTHS

Subject to revocation if site plans or if site is altered or intended use is changed.

DATE 7-19-95

M.E. CLASSIFICATION IIa

ELECTRICAL PERMIT REQUIRED: Yes () No ()
OPERATIONS PERMIT REQUIRED: Yes () No ()

- New Construction
- Repair
- Existing System

OWNER: Lowell A. Fraden
ADDRESS: 104 Clubhouse Dr.

Swansboro, NC 28584 PHONE: 393-8676

PROPERTY LOCATION: Cedar Point, Magen's Way, (15-26D-2-2), off Hwy 24

SUBDIVISION: Magen's Bay

LOT: 11 BLOCK: _____

TYPE STRUCTURE: house NO. BATHS: 2

NO. BEDROOMS: 3 NO. PEOPLE: ≤6

DESIGN FLOW: 360 GARBAGE GRINDER: Yes () No ()

SEPTIC TANK: 1000 GAL. PUMP TANK: N/A GAL.

NO. LINES: 3 (45's) WIDTH: 36"

TOTAL LENGTH: 135 FT. TOTAL: 405 SQ. FT.

WATER SOURCE: Comm.

HORIZONTAL DISTANCE FROM WELL: >50 FT.

SITE MODIFIED: Yes () No ()

DRAINAGE REQUIREMENTS: provide positive surface drainage away from system

EASEMENT REQUIRED: Yes No ()

DRAINAGE MAINTENANCE REQ.: Surface () Sub-surface ()

MAINTAIN MINIMUM 10' FROM WATER LINE

COMMENTS: Do not park, pave, drive, or build over any part of septic system or repair area

*Prior to any change in system layout, approval must be obtained from Health Department.

NOTICE: Construction must comply with all state and local regulations. Do not install well until well site has been approved. Do not cover any portion of the system until approved on inspection.

NOTICE: Beware, much property in Carteret County is subject to Wetland Regulations and properties containing wetlands should receive approval from U.S. Army Corp of Engineers prior to development.

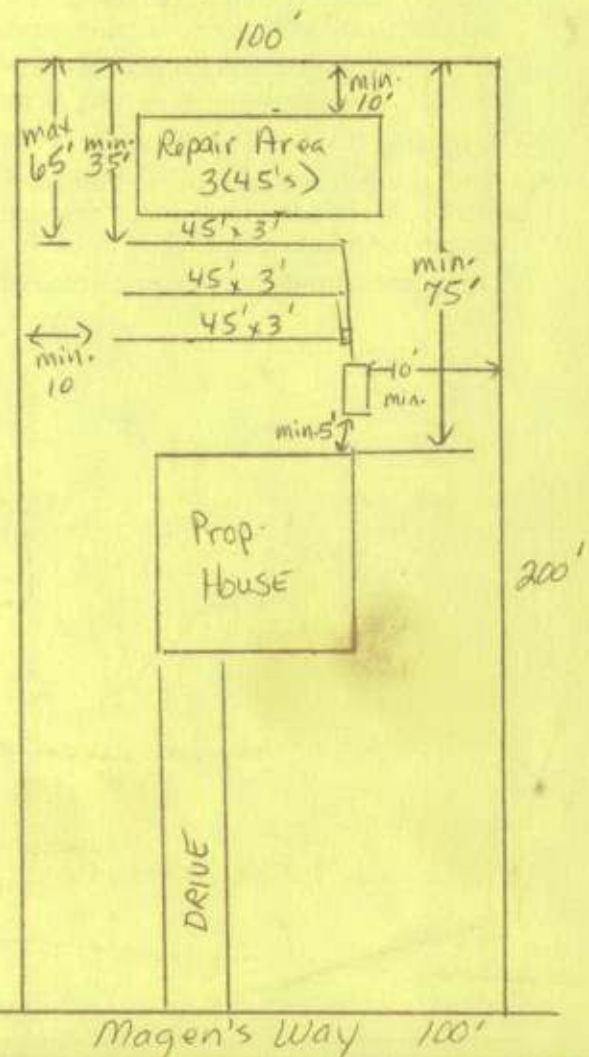
**ADDITIONAL REQUIREMENTS ON BACK OF PERMIT.

IMPROVEMENTS PERMIT BY: Lien Substap, R.S.
ENVIRONMENTAL HEALTH SPECIALIST

*SYSTEM SHALL NOT BE INSTALLED UNDER WET CONDITIONS

*Trench bottom depth to be no deeper than 24" below naturally occurring surface.

House shall be placed so that gravity flow is achieved to septic system or pump shall be required.



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CERTIFICATE OF COMPLETION:

Ground Absorption Sewage Disposal System G.S. 130A-337
Notice: This certificate of completion in no way binds the Environmental Health Division of Carteret County Health Department nor implies a guarantee that this system will function in all circumstances, but that the system is properly installed in accordance with applicable rules and Article 11, Chapter 130A of the North Carolina General Statutes.

- New Construction
- Repair
- Existing System

OWNER: Lowell A. Fredeen

SITE LOCATION: Magen's Bay, Lot 11,
Magen's Way, Cedar Point

INSTALLER: _____

INSTALLATION INSPECTED BY: _____

DATE: _____

ELECTRICAL INSPECTION BY: _____

DATE: _____

LANDSCAPE INSPECTION BY: _____

DATE: _____

CERTIFICATE OF COMPLETION DATE: _____

BY: _____

*ADDITIONAL REQUIREMENTS ON BACK OF PERMIT

REMARKS: _____

DIAGRAM OF INSTALLATION AS INSTALLED
(if different from Improvement Permit layout)

staked

NEW CONSTRUCTION ()
EXISTING ()
REPAIR ()

APPLICATION FOR IMPROVEMENTS PERMIT

AREA 2

ENVIRONMENTAL HEALTH DIVISION
CARTERET COUNTY HEALTH DEPARTMENT
BEAUFORT, NC 28516

PRIORITY 2

OWNER Lowell A. Fredeen

104 Clubhouse Dr. Swansboro, NC 28584

DATE: 11-12-93
12-6-93

ADDRESS 101 Manatee Street Swansboro NC 28584

PHONE: 919-393-8676

APPLICANT/AGENT Keith A. Buck

PHONE: 919-393-2129

SUBDIVISION Magens Bay LOT 11 BLOCK _____ SECTION _____

PROPERTY LOCATION 800 feet west of NC 24 & old Hwy 58

TYPE STRUCTURE Residential House CONCRETE FLOOR _____ (YES) _____ (NO) ?

NO. BEDROOMS 3 NO. BATHS 2 NO. PEOPLE <6 GARBAGE GRINDER: _____ (YES) L (NO)

WATER SOURCE individual FLOOD ZONE C ELEVATION _____

TAX PARCEL # 15-26D-2-2

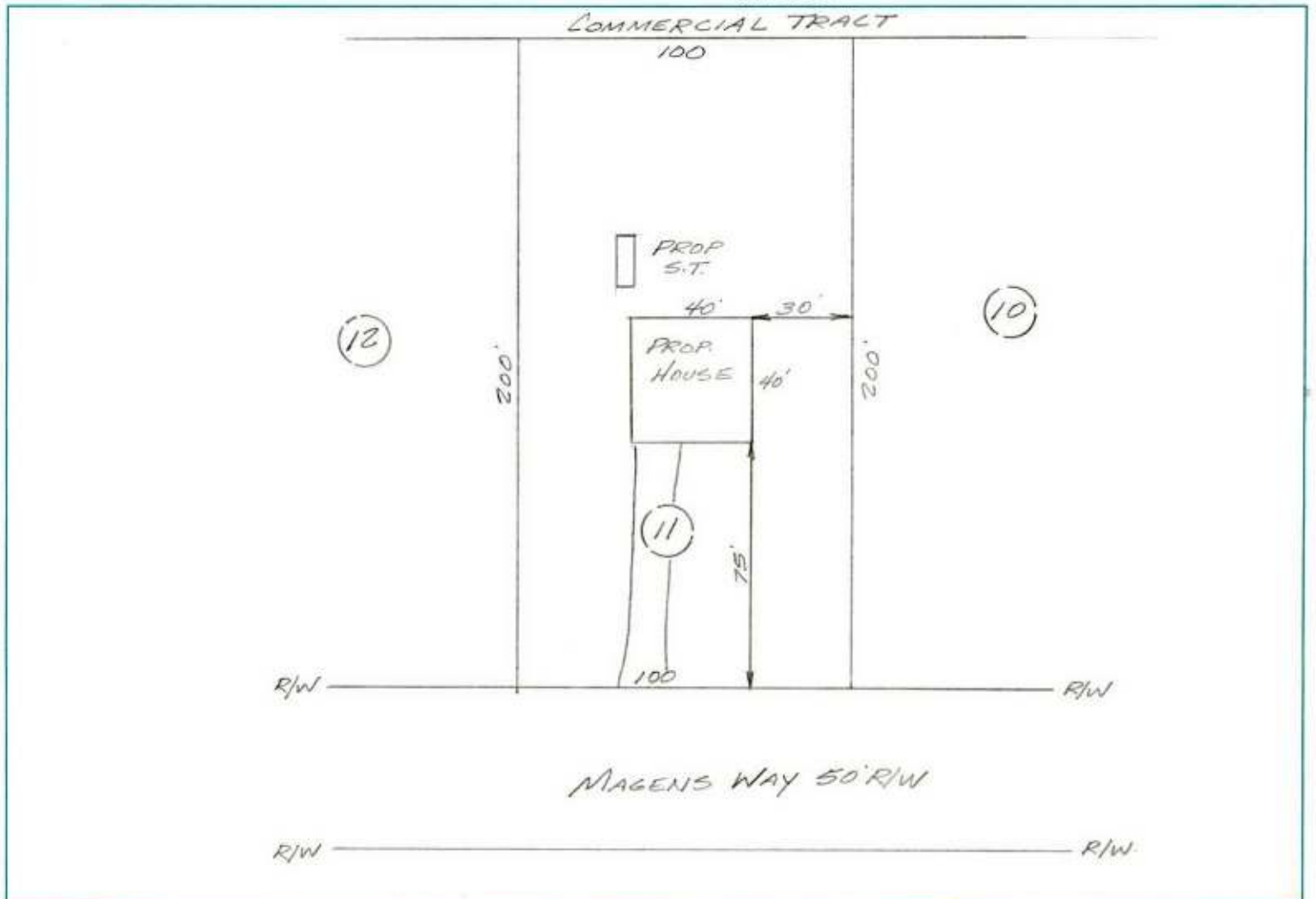
* ACTION ON THIS APPLICATION WILL NOT BE TAKEN UNTIL THIS OFFICE HAS BEEN ADVISED THAT THE HOUSE AND PROPERTY LINES ARE STAKED AND THE LOT IS ACCESSIBLE FOR EVALUATION.

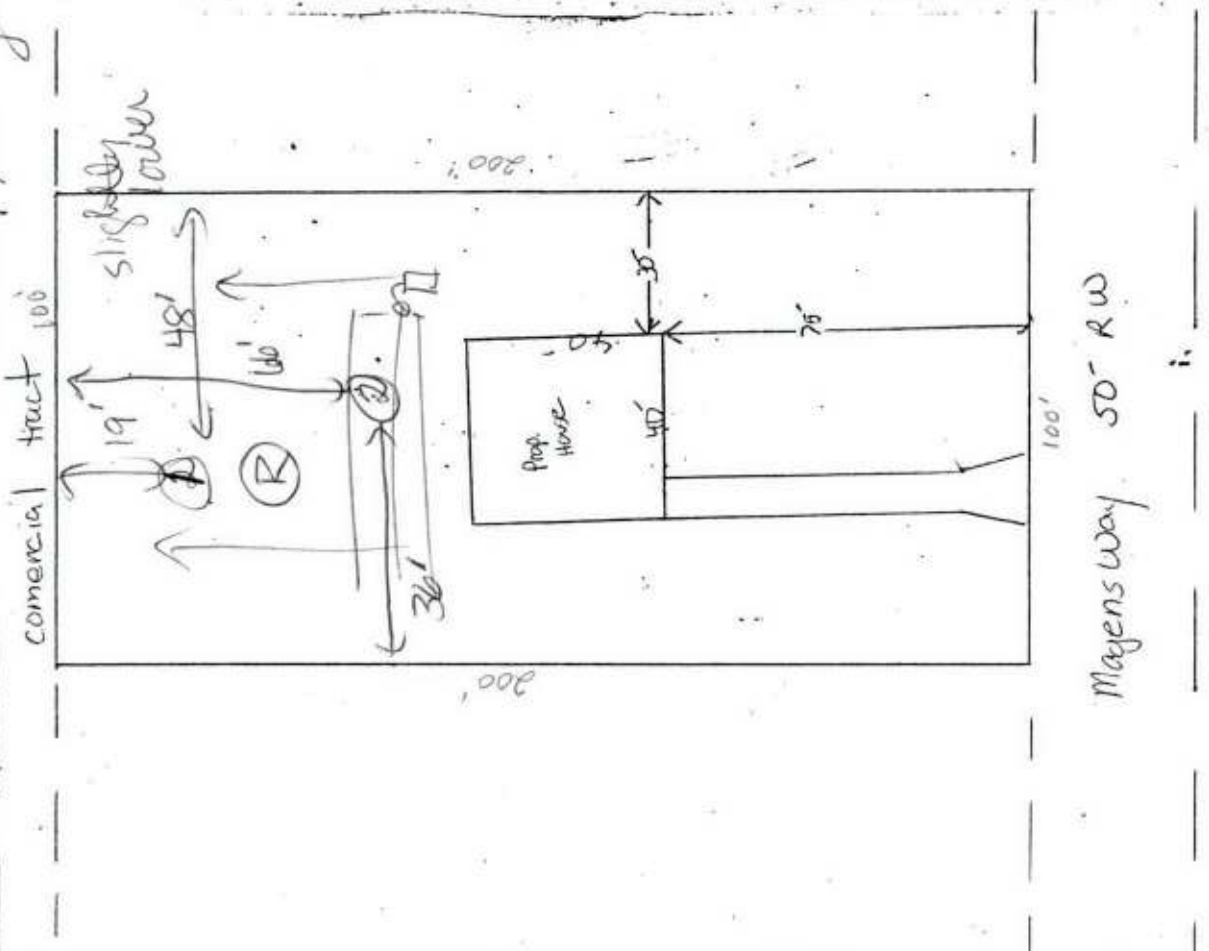
**NOTE: THIS PROPERTY MAY CONTAIN DESIGNATED WETLANDS. APPROVAL FROM U.S. ARMY CORPS OF ENGINEERS MAY BE REQUIRED PRIOR TO DEVELOPMENT. ADDITIONALLY, CAMA PERMIT SHALL BE REQUIRED IF ANY PART OF THIS STRUCTURE, SEPTIC TANK OR POTABLE WATER SYSTEM IS TO BE WITHIN 75' OF SHORELINE, CANALS OR OTHER WATERS OR MARSH.

*** IMPROVEMENT PERMITS ARE VALID FOR 60 MONTHS FROM DATE OF ISSUE. THIS IS NOT AN IMPROVEMENTS PERMIT.

*** IMPROVEMENT PERMIT SUBJECT TO REVOCATION IF SITE PLANS OR INTENDED USE CHANGES.

SIGNATURE Keith A. Buck
L-3183





	Area 1	Area 2	Area 3	Area 4	Area 5
S.W.C.	>48"	>48"			
L.T.A.R.	.9	.9			
R.H.	no	no			
STRUCTURE	SG	SG			

Soil Group L.T.A.R. I - 1.2-0.8 II - 0.8-0.6 III - 0.6-0.3 IV - 0.4-0.1
300 DDSF ÷ 9 LTAR 400 Sq. Ft. 133 Linear Ft. 3(453)
 Available Space (system + repair) repair required
 Topography/Landscape Position slope of 10%
 Site Classification S
 Comments/Recommendations: 24" TBS