



**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: 4214-99-1463-0000

Permit Number: CA17-047H

Property Address: 109 E Sanderling Circle

Facility Type: Single Family Dwelling

Property Description: Heron Pond @ Pelican Reef Lot 106 Sect 2

Owner: Virginia Warren

System Operator: Owner

Address: 109 E Sanderling Circle  
Hampstead, NC 28443

REQUIRED INSPECTIONS

ORC Inspection every: NA

System Installer: Charles Fisher

PCHD Inspection every: NA

System Classification: Shallow Conventional Bed

System Type: IIIg

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

**Virginia Warren**

For the operation of a 240 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: 3/24/17

*Melanie Campen*  
Registered Environmental Health Specialist

## **SCHEDULE OF OPERATION AND MAINTENANCE**

### **FOR ALL SYSTEMS:**

- Every 12 months: Septic tank shall be inspected for influent/effluent line blockage, tank/riser leakage, and solids accumulation. Blockages or leaks shall be repaired. Septic tanks shall be pumped out when solids (scum & sludge) reach 1/3 of the liquid volume. Effluent filters shall be inspected and cleaned or replaced as necessary.
- Every 6 months: Drainfields shall be inspected for seepage or saturation, settled ground surface, broken pipes, maintenance of vegetation, protection from traffic, and diversion of surface water.
- Every 6 months: Ground surface around tanks and drainfield shall be checked for areas of depression or ponding.
- For grassed sites: Grass shall be cut regularly and when it exceeds 8 inches in height. Lightweight mowers shall be used for cutting grass.
- For wooded sites: Saplings, briars, brush and grass shall be eliminated by hand cutting and/or herbicides as often as necessary. Dead trees shall be removed by cutting at or near ground level. Stumps should not be removed.

### **FOR SYSTEMS WITH PUMPS:**

- Every 6 months: Pump tank shall be inspected for leaks and solids accumulation. Leaks shall be repaired and solids removed as necessary. Do not allow solids to reach the height of the pump intake. Pump, controls, floats and alarm shall be checked for proper operation. All components of the pump/control system shall be kept in compliance with the current design standards.
- Every 6 months: A pump delivery rate shall be determined. Pipes and fittings shall be checked for leaks.
- Every 6 months: Drainlines shall be flushed of solids accumulation with the valves opened. Pressure head adjustment shall be made to obtain the designed delivery rate. Pressure head measurements shall be recorded.
- Every 6 months: Water meters, pump meters and counters shall be read and recorded.

### **FOR TYPE IV, V, AND VI SYSTEMS:**

- The permittee, as well as any subsequent owners or other contractually responsible parties, shall keep an operator (ORC) under contract who is certified for subsurface wastewater treatment and disposal systems. The permittee or owner shall notify any future or subsequent system owners of the requirements contained in this permit, including the requirement for a management entity contract. Notification of any changes to the owner's contract with the system ORC or a change of ORC shall be submitted in writing to the PCHD at least 30 days in advance of the change.
- Monitoring and inspection frequency shall be as specified in Rule .1961 and any state approvals.
- All monitoring data and maintenance records shall be kept on file by the ORC and a copy submitted to the owner and the PCHD. Reporting frequency shall be as specified in Rule .1961 as well as any state approvals.

### **ADDITIONAL CONDITIONS:**

# Repair

CA # 17-047  
PIN: 4214-99-1463

## WASTEWATER SYSTEM INSTALLATION RECORD

Applicant: Warren  
System Installer: Charles Fisher

Property Description:  
System Type: Bed-EZ Flow

<u>STB</u>	<u>MANU.</u> <u>EXIST.</u>	<u>PT</u>	<u>MANU.</u>	<u>CONTROL PANEL</u>	<u>PUMP</u>
	<u>STB -</u>		<u>PT -</u>	<u>BRAND</u>	<u>BRAND</u>
	<u>GAL</u>		<u>GAL</u>	<u>MODEL</u>	<u>MODEL</u>
	<u>DATE</u>		<u>DATE</u>	<u># FLOATS</u>	<u>ALARM OK</u>
	<u>PSI</u>		<u>PSI</u>		<u>PULL ROPE</u>
	<u>LEAK TEST</u>		<u>LEAK TEST</u>	<u>SUPPLY LINE</u>	<u>FLOAT SUPPORT</u>
	<u>PRETEST #</u>		<u>PRETEST #</u>	<u>SIZE:</u>	<u>FLOAT ADJUSTED</u>
	<u>RISERS: INLET</u> <u>OUTLET</u>		<u>INLET RISER</u>	<u>OK TO COVER</u>	<u>ENCLOSURE/CONDUIT</u>
<u>EFFLUENT FILTER</u>			<u>OUTLET RISER</u>	<u>PRESSURE TEST</u>	<u>DUCT SEAL/GROUT</u>
<u>BRAND</u> <u>polytek</u>			<u>GPI =</u>	<u>PDR</u> <u>INITIAL:</u> " " <u>TIME</u>	
<u>MODEL</u>				<u>ENDING:</u> " " <u>TIME</u>	
<u>PIPE SEALS OK</u>				<u>RESULT:</u> " / " <u>MINUTE =</u> <u>GPM</u>	
			<u>Initial Meter Readings: ETM</u>	<u>Events</u>	<u>Date</u>

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

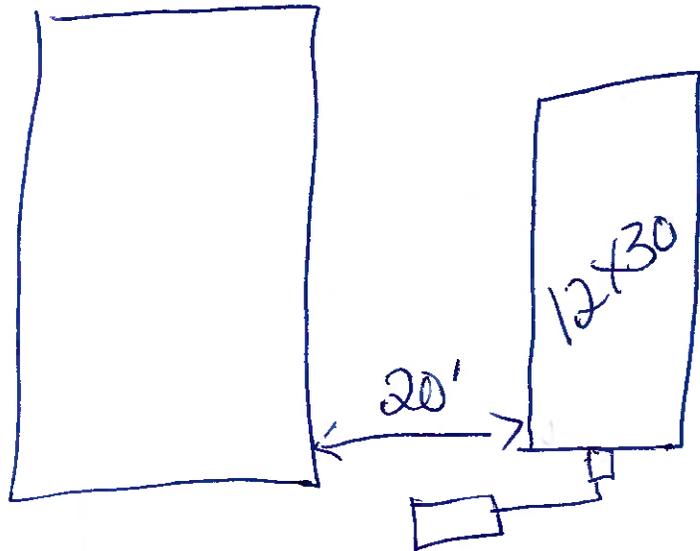
decision to substitute the accepted system for the system type permitted was made by the Owner.

DATE EIIS NOTES YET TO DO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FINAL INSPECTION COMPLETED

### DIAGRAM





**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](http://www.pendercountync.gov)

**WASTEWATER SYSTEM CONSTRUCTION AUTHORIZATION**

Parcel PIN: 4214-99-1463-0000  
Application Date: 2/15/17

Permit #: CA17-047H  
Associated IP #:

Applicant: Charles Fisher  
Address: PO Box 2502  
Surf City, NC 28445  
Phone: 910.262.7861

Owner: Virginia Warren  
Address: 109 E Sanderling Circle  
Hampstead, NC 28443  
Phone: 910.821.1227

Property Address: 109 E Sanderling Circle  
Property Description: Heron Pond @ Pelican Reef Lot 106 Sect 2  
Permit Type: Residential Repair

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

**INITIAL SYSTEM**

Design Flow: 240 GPD  
No. of Bedrooms: 2  
Septic Tank: 1000 GAL  
Pump Tank:

System Type: Shallow Conventional Bed  
System Class: IIIg  
Nitrification:  
Max Trench Depth:  
Horiz Trench Separation:

**REPAIR SYSTEM**

System Type: Shallow Conventional Bed  
System Class: IIIg  
Nitrification: 12' x 30'  
Max Trench Depth: 24"  
Horiz Trench Separation: Bed

**Conditions/Comments:**

1 - NOT DESIGNED FOR GARBAGE DISPOSAL.

Install bed 12' x 30' as shallow as existing plumbing will allow. Remove all vegetation from drainfield. DO NOT PLANT ANY VEGETATION on drainfield after installation.

-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 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: 2/24/17

*Melanie Campen*  
Registered Environmental Health Specialist

EXPIRES: 2/24/22

**Typical Setbacks Required By State Rules Unless Otherwise Specified In Writing:**

1. Any private water supply sources, including any well or spring	100 feet
2. Any public water supply source	100 feet
3. Streams classified as WS-I	100 feet
4. Any other stream, canal, marsh, or other surface water	50 feet
5. Any Class I or Class II reservoir	100 feet from normal pool elevation
6. Any permanent storm water retention pond	50 feet from flood pool elevation
7. Any other lake or pond	50 feet from normal pool elevation
8. Any building foundation or building footing	5 feet
9. Any property line	10 feet
10. Top of slope of embankments or cuts of 2 feet or more	15 feet
11. Any water line	10 feet
12. Drainage systems:	
A) Interceptor drains, foundation drains, and storm water diversions	
I) upslope from system	10 feet
II) sideslope from system	15 feet
III) downslope from system	25 feet
B) groundwater lowering ditches and devices	25 feet
13. Any swimming pool	15 feet
14. Any other nitrification field (except repair area)	20 feet
15. Drip line (outermost edge of a structure)	5 feet

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Any changes to the proposed plans must be approved by the PCHD

\*

Please do not allow any traffic, construction, excavation, utilities, material storage, or any other disturbance to take place on the designated septic areas. These activities may void your permit.

\*

The Owner is responsible for marking any property lines, corners, proposed house site, outbuildings, decks and driveways. The Contractor is responsible for ensuring that the well or septic system is installed in the proper location and that all setbacks and conditions on the permit are met.

\*

The system must be installed/repaired by a Registered Septic System Contractor

\*

For systems with a pump, the Registered Septic Contractor is responsible for insuring the proper installation of the electrical components. An electrical permit must be obtained and a person with a valid North Carolina SP-PH Electrical license must provide electrical service to the pump controller and alarm.

\*

It is the responsibility of the Registered Septic Contractor to call the PCHD to schedule the installation inspections.

\*

The Registered Septic Contractor is responsible for backfilling the system components so that no areas are subject to the retention or ponding of surface water.

\*

After the installation is completed, some settling of the backfill material may take place. The system Owner is responsible for eliminating settled or sunken area, stabilization, and final landscaping of the ground surface.

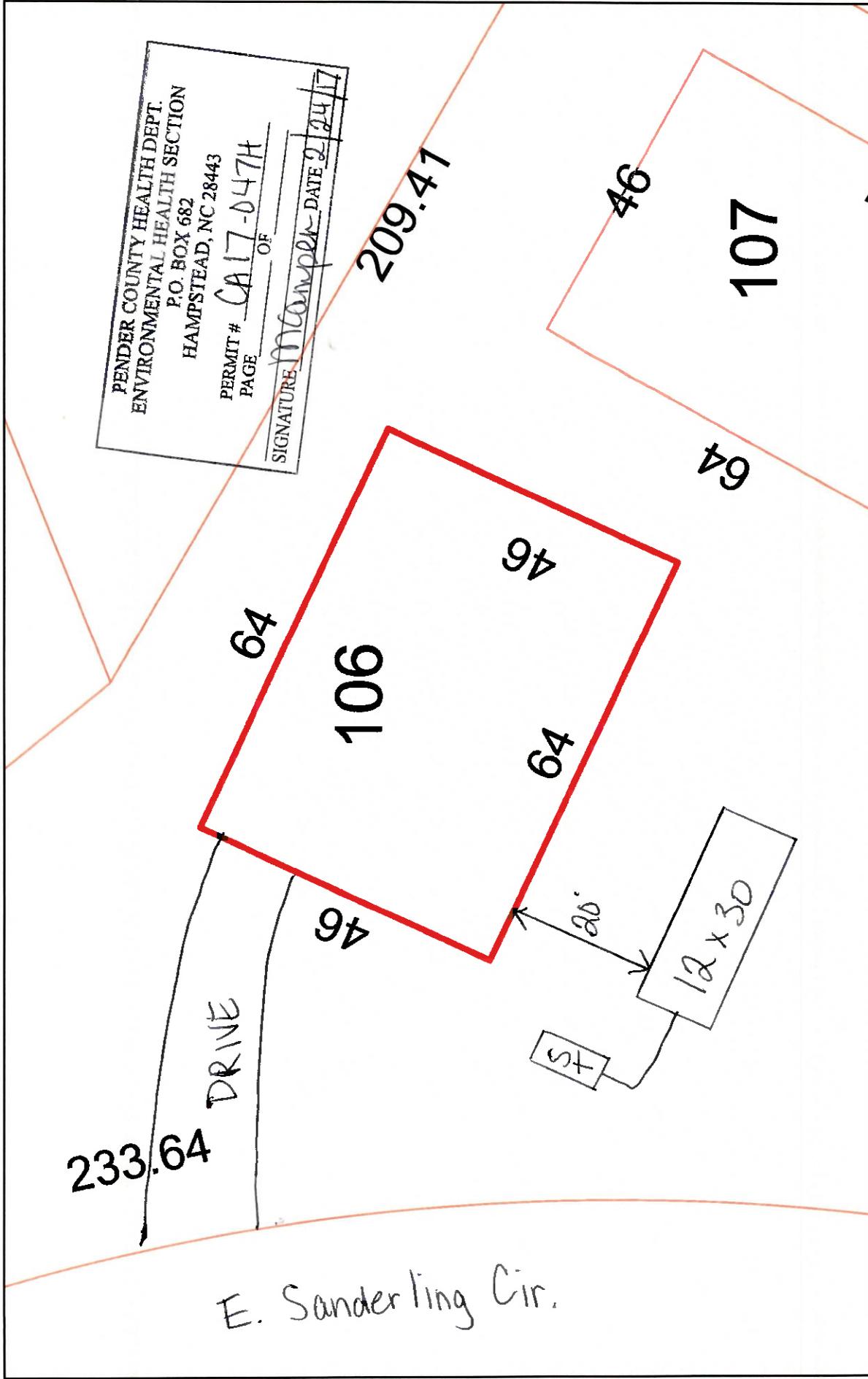
\*

When the Construction Authorization is issued for a Conventional or Accepted System, the Owner may choose to substitute any Accepted System for the permitted system, provided there are no changes necessary in the specific line locations, depths, or distribution system. When a substitution is made, verification that the Owner made the system choice will be required prior to issuance of the Operation Permit

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It is the responsibility of the Owner to ensure proper maintenance.

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PENDER COUNTY HEALTH DEPT.  
 ENVIRONMENTAL HEALTH SECTION  
 P.O. BOX 682  
 HAMPSTEAD, NC 28443

PERMIT # CA17-047H  
 PAGE \_\_\_\_\_ OF \_\_\_\_\_

SIGNATURE: *McComper* DATE 2/24/17

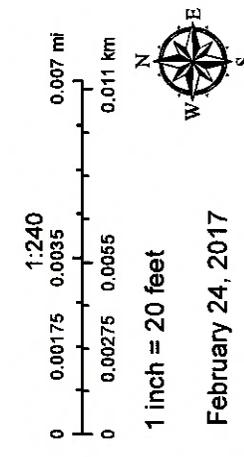
**Pender County**

Acres: 0.07  
 Land Value: \$8,750  
 Building Value: \$178,170  
 Total value: \$186,920  
 Deferred Value: \$  
 Exempt Amount:  
 PCL Class: R  
 Heated Sq Feet: 1947

Sale Price: \$168,000  
 Sale Date: 2002-02-01  
 Plat: 00300078  
 Account No: 826903  
 Township: TOPSAIL  
 Subdivision: PELICAN REEF  
 Tax Codes: G01 F22 R40 S63

PIN: 4214-99-1463-0000  
 Owner: WARREN VIRGINIA GAIL  
 109 E SANDERLING CIR  
 HAMPSTEAD, NC 28443  
 Deed Ref: 1833/210

Property  
 Address: 109 E SANDERLING CIR  
 Description: LOT 106 PB 30/78 PELICAN REEF SEC 2 HERON POND PATIO HOMES



SYSTEM TYPE Repair

PENDER COUNTY HEALTH DEPARTMENT  
P.O. BOX 1209, BURGAW, NC 28425  
PHONE: 910/259-1233

MAP # \_\_\_\_\_  
RECORD # \_\_\_\_\_

PAGE 1 OF 1

IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION  
OPERATION PERMIT

OWNER / AGENT Peter Duman DATE 5-2-01 PERMIT# 515045

ADDRESS 109 Sandering Dr. Hampstead PHONE \_\_\_\_\_

SITE LOCATION \_\_\_\_\_

SUBDIVISION Deer Pond @ Pelican Point LOT# 106 SECTION / BLOCK \_\_\_\_\_  
HOUSE  MOBILE HOME  { # Bdrm. } 2 BUSINESS  { # EMPLOYEES/MEMBERS/SEATS } \_\_\_\_\_  
WATER SUPPLY: PUBLIC  WELL  OTHER \_\_\_\_\_ DESIGNATED WETLANDS: YES  NO   
BASEMENT/LOWER LEVEL PLUMBING YES  NO  SYSTEM MINIMUM REVIEW FREQUENCY \_\_\_\_\_  
DAILY DESIGN FLOW 360 gpd DOMESTIC WASTEWATER  INDUSTRIAL WASTEWATER

LTAR .8 gpd/ft<sup>2</sup> TANK SIZE Existing Gallons NITRIFICATION FIELD 675 Square Feet

NUMBER OF LINES 6 LENGTH 40' Feet DEPTH Existing Inches

BED SYSTEM SIZE 18' x 40'

\*\*\*\*\*IF GARBAGE DISPOSAL UNIT IS TO BE USED AN EFFLUENT FILTER SHALL BE INSTALLED\*\*\*\*\*

SEE LAYOUT OR ATTACHED PLOT PLAN  
NO CHANGE IN SEPTIC SYSTEM OR ITS LOCATION WITHOUT PRIOR APPROVAL  
FROM THE PENDER COUNTY HEALTH DEPARTMENT.

THIS PERMIT IS SUBJECT TO REVOCATION IF THE SITE PLAN, PLAT OR INTENDED USE OF THIS SITE CHANGES.  
G.S. 130A-335 (f)

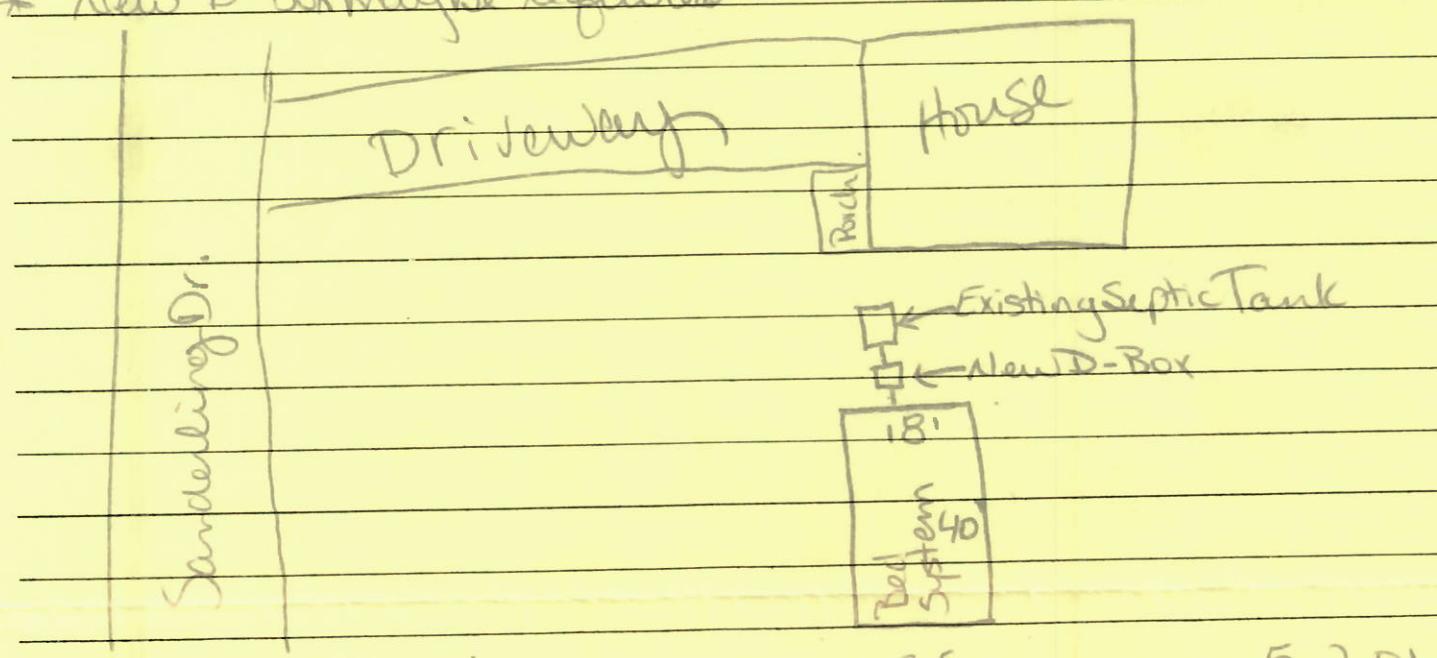
MINIMUM HORIZONTAL SEPARATION OF SEPTIC SYSTEM {See Section .1950 a-c}

5 YEAR IMPROVEMENT PERMIT: Sharon Jordan, RS ISSUE DATE 5-2-01

IMPROVEMENT PERMIT, NO EXPIRATION DATE: \_\_\_\_\_ ISSUE DATE \_\_\_\_\_

CONDITIONS / ADDITIONAL INFORMATION: \_\_\_\_\_

\* New D-Box maybe required



CONSTRUCTION AUTHORIZATION: Sharon Jordan, RS ISSUE DATE 5-2-01  
VALID FOR 5 YEARS FROM THE DATE OF ISSUANCE OF IMPROVEMENT PERMIT.

OPERATION PERMIT: Sharon Jordan, RS ISSUE DATE 5-10-01

INSTALLER RCLand Design

THIS PERMIT DOES NOT CONSTITUTE A WARRANTY OR GUARANTEE AND SATISFACTORY PERFORMANCE IS NOT ASSURED BY THE PENDER COUNTY HEALTH DEPARTMENT.

THE SITE IS SUBJECT TO APPROVAL BY OTHER PUBLIC AGENCIES. .1937 (b) (1) (C)  
PCHD/EH-3 Rev. 2-98

PENDER COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION  
P.O. Box 1209, Burgaw, NC 28425  
Telephone 910/259-1233

Page 1 of 2

11:00

EXISTING SEWAGE DISPOSAL SYSTEM AUTHORIZATION

FILE NO. 510621

ISSUED TO: Peter and Joyce Duran PHONE 910 1 270-2916

ADDRESS: 109 Sanderling Circle CITY: Hampstead ST. NC ZIP 28443

SUBDIVISION: Pelican Feet/Heron Pond STREET: Sanderling Circle LOT: 106 BLK: \_\_\_\_\_

MOBILE HOME PARK: \_\_\_\_\_ LOT: \_\_\_\_\_

DIRECTIONS TO PROPERTY:  Hwy 17 N, right in Pelican Feet Subdiv. - follow to right into Heron Pond to left on Sanderling Circle.

STRUCTURE TYPE: MOBILE HOME [ ] HOUSE [ ] COMMERCIAL [ ] OTHER Deck

ORIGINAL SYSTEM OWNER: Don Rhine DATE INSTALLED 6-12-97

ORIGINAL SYSTEM RECORD: TANK: existing GAL: \_\_\_\_\_ DRAINFIELD: existing SQ. FT. \_\_\_\_\_

At the time of inspection no visible signs of malfunction were evident. However, since this is a subsurface sewage disposal system, it is impossible for this office to determine if any unauthorized modifications or misuse has occurred.

No warranty or guarantee is implied or expressed and future performance of this system is not assured by the Pender County Health Department.

Failing to maintain a properly operating septic tank system is considered a public health hazard and a violation of North Carolina State Laws and Rules Governing Sanitary Sewage Collection, Treatment and Disposal (Article 11 N.C. General Statutes Chapter 130A). Should the system malfunction or fail in the future, it shall be the responsibility of the owner to apply for an Improvement Permit for the repair of the system.

PERMIT ISSUED FOR: 0 BEDROOMS; OTHER to build 12' x 24' deck

DWELLING SHALL BE LOCATED A MINIMUM OF FIVE (5) FT. FROM ANY PART OF SEPTIC SYSTEM AND REPAIR AREA.

REMARKS: Construction does not encroach upon septic area.

PERMIT VALID FOR SIX (6) MONTHS FROM DATE OF ISSUANCE.

SIGNED: Bruce Scott TITLE: EHS DATE 5-19-98

PCHD/EH4 REV. FEB. 94

White Copy, Applicant; Yellow Copy, Bldg. Inspection; Pink Copy, Office File.

I, MARK A. STOCKS, CERTIFY THAT THIS PLAN WAS SURVEYED AND DRAWN UNDER MY SUPERVISION AND DESCRIPTION AS SHOWN ON THE FACE OF THIS PLAN, ERROR OF CLOSURE AS CALCULATED BY COMPUTER IS 1:50,000; THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN BY DOTTED LINES PLOTTED FROM INFORMATION REFERENCED; THAT THIS PLAN WAS PREPARED IN ACCORDANCE WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA; WITH MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THE 27. DAY OF AUG. AD. 1997

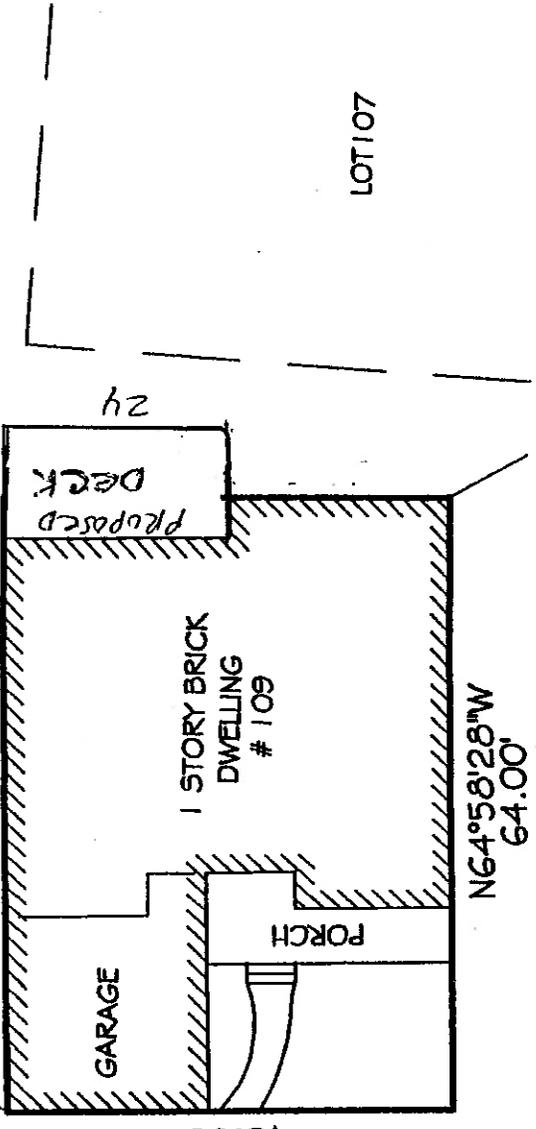
*Mark A. Stocks*  
 MARK A. STOCKS  
 N.C. REGISTRATION NO. 13068



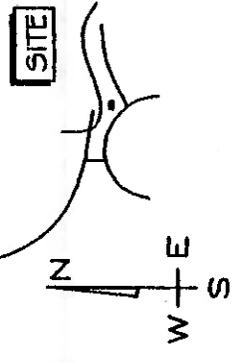
NOTE: THIS LOT IS LOCATED  
 IN ZONE "C"  
 FROM COUNTY PANEL  
 # 370344 0411 B

DATED: FEBRUARY 15, 1985

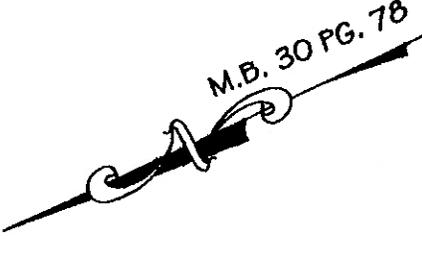
SURVEY REFERENCE  
 MAP BOOK 30 PAGE 78



PENDER COUNTY HEALTH DEPT.  
 ENVIRONMENTAL HEALTH SECTION  
 P. O. BOX 1209  
 BURGAW, NC 28425  
 PERMIT # 510621  
 PAGE 2 OF 2  
 SIGNATURE *Mark A. Stocks* DATE 8/27/97



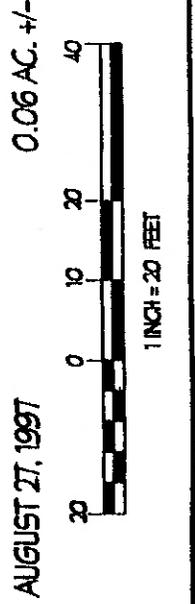
LOCATION MAP  
 NOT TO SCALE



LEGEND  
 ○ = EXISTING IRON ROD  
 ⊕ = CENTERLINE

SURVEY FOR  
**PETER J. DURAND & wife, JOYCE G. DURAND**  
 LOT 106 SECTION 2 HERON POND PATIO HOMES PELICAN REEF  
 TOPSAIL TOWNSHIP PENDER COUNTY, N.C.

**STOCKS LAND SURVEYING, P.C.**  
 LAND SURVEYING AND PLANNING  
 28 N. 5TH AVENUE WILMINGTON, N.C. 28401  
 PH 910.763-8724 FAX 910.763-8772  
 E-mail stocks@whittington.net



SANDERLING COURT

CIRCLE

LOT 107

SYSTEM TYPE  
IIIg

PENDER COUNTY HEALTH DEPARTMENT  
P. O. BOX 1209, BURGAW, NC 28425  
PHONE 910/259-1233

PAGE 1 OF 2

IMPROVEMENT PERMIT - CONSTRUCTION AUTHORIZATION  
OPERATION PERMIT

OWNER/AGENT Don Rhine DATE 3-19-97 PERMIT# 507274

ADDRESS 54 Narrow Way Wilmington NC 28405 PHONE# \_\_\_\_\_

SITE LOCATION Hwy 17 N to Pelican Reef Subd, go Rt on Royal  
Turn to Sander Ln Ct lots in Heron Pond Section

SUBDIVISION Heron Pond at Pelican Reef LOT# 106 SECTION/BLOCK \_\_\_\_\_

HOUSE  MOBILE HOME [ ] (#Bdrm.) \_\_\_\_\_ BUSINESS [ ] (#Employees/Members/Seats) \_\_\_\_\_  
WELL TYPE: PUBLIC [ ] WELL  OTHER [ ] Community  
BASEMENT/LOWER LEVEL PLUMBING YES [ ] NO

DESIGNATED WETLANDS: YES [ ] NO   
DAILY DESIGN FLOW 360 gpd DOMESTIC WASTEWATER  INDUSTRIAL WASTEWATER [ ]

SYSTEM TYPE IIIg SYSTEM MAINTENANCE: YES [ ] NO  MIN. SYS. REV. FREQUENCY \_\_\_\_\_

LTAR 0.8 gpd/ft<sup>2</sup> TANK SIZE 900 Gal. NITRIFICATION FIELD 450 sq. ft.

NUMBER OF LINES 2 LENGTH 57\* Ft. DEPTH 24" maximum In.

BED SYSTEM SIZE Repair bed - 675 ft<sup>2</sup> FL. ALTERNATIVE SYSTEM AVAILABLE  TYPE Lay Drainline

WATER SUPPLY: PRIVATE  PUBLIC [ ] OTHER [ ] Community

DISTANCE FROM ALL WELLS:  100 FT. \_\_\_\_\_; IN NO CASE LESS THAN 50 FT.

See layout or attached plot plan  
NO CHANGE IN SEPTIC TANK SYSTEM OR ITS LOCATION WITHOUT PRIOR APPROVAL  
FROM PENDER COUNTY HEALTH DEPARTMENT.  
THIS PERMIT IS SUBJECT TO REVOCATION IF THE SITE PLAN, PLAT OR INTENDED  
USE OF THE SITE CHANGES. G.S. 130A-335(f)

MIN. HORIZONTAL SEPARATION OF SEPTIC SYSTEM (SEE BACK OF FORM .1950 a-c)

5 YR. IMPROVEMENT PERMIT: [Signature] ISSUE DATE 3-19-97

IMPROVEMENT PERMIT, NO EXPIRATION DATE: \_\_\_\_\_ ISSUE DATE \_\_\_\_\_

CONDITIONS/ADDITIONAL INFORMATION:  
- If any changes are made in structure location, SHALL be prior to const  
- if gravity flow cannot be maintained a pump tank shall  
be installed \*Keep tank shallow to maintain gravity flow.  
- if location of structure changes permit may shall become  
void and may cause others in patio home area to become  
void.

CONSTRUCTION AUTHORIZATION: [Signature] DATE SIGNED 3-19-97  
Valid for 5 years from date of issuance of Improvement Permit.

OPERATION PERMIT: [Signature] DATE 6-12-97  
INSTALLER [Signature]

THIS PERMIT DOES NOT CONSTITUTE A WARRANTY OR GUARANTEE AND SATISFACTORY  
PERFORMANCE IS NOT ASSURED BY THE PENDER COUNTY HEALTH DEPARTMENT.



