



Onslow County Health Department
 234 Northwest Corridor Blvd
 Jacksonville, North Carolina 28540
 Phone: (910) 938-5851 Fax: (910) 989-5819

OPERATIONS PERMIT

(GS 130A-337)

Owner: COLE STEVEN K & CYNTHIA M

Permit No: EHOP-2020-00135

Address: 1579 Catherine Lake RD, Jacksonville, NC 28540

Workclass: EH OP New

Parcel: 57A-4

Subdivision: LIVE OAK ESTATES

Lot Number: 4 **Section:** 1 **Phase:**

Block: **Part:** **Tract:**

Proposed Use: SINGLE FAMILY RESIDENCE

Location: From Richlands Hwy. Property on left.

Facility/Daily design flow: 3 BEDROOM / 360GPD / 6 PERSONS

System Information: INSTALLED 3-76' IQ4PLP REPAIR LINES ADDED NEW DBOX AND PLUMBED TO OLD DBOX FOR FUTURE USE. SEPTIC INSTALLED BY FRANK ALLEN.

Water Supply: Public

System Description: Infiltrator Quick4 Plus Low Profile

FINAL PLOT / REMARKS
System Type: III
System Classification: g. Non-Conventional trench system
Manufacturer: INFILTRATOR QUICK 4 PLUS LOW PROFILE
Model#: IQ4PLP

Note: Type V and VI systems expire in 5 years. (In accordance with Table Va of .1961). Owner must contact the Onslow County Health Department 6 months prior to expiration for permit renewal. Onslow County Health Department is required to inspect the following system types: IIIb, every 5 years; IV, every 3 years; V, once per year and VI, every six months.

Signed By: Chris Harper 

Date: 05/11/2020

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the I.P. and C.A. This system shall perform in accordance with 15A NCAC 18A Rule .1961. Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank periodically removed from all compartments. The contents shall be pumped, by approved means, whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

THE ISSUANCE OF THIS O.P. DOES NOT CONSTITUTE AN ONSLOW COUNTY WARRANTY OR GUARANTEE OF THE FUNCTIONALITY OF THE WASTEWATER SYSTEM



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CONSTRUCTION AUTHORIZATION

(GS 130A-336)

Permit No: EHCA-2020-00057

Workclass: EH CA Repair

(Required for Building Permit)

THIS AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION SHALL BE VALID FOR A PERIOD EQUAL TO THE PERIOD OF VALIDITY OF THE IMPROVEMENT PERMIT.

Owner: COLE STEVEN K & CYNTHIA M

Address: 1579 Catherine Lake RD, Jacksonville, NC 28540

Subdivision: LIVE OAK ESTATES

Lot Number: 4

Section: 1

Phase:

Block:

Part:

Tract:

Proposed Use: Single Family Residence

Location: From Richlands Hwy. Property on left.

System Type: II

System Classification: a. Conventional septic SF or 480 GPD or less

System Description: Bed System

Facility/Daily design flow: 3 BEDROOM/360GPD 6 PERSONS

System Information: INSTALL GRADUATED BED SYSTEM AS SHOWN ON PLOT PLAN . ADD APPROVED VALVE /DIVERTER TO UTILIZE EXISTING SYSTEM.

LTAR: .4 gpd/sq. ft.

Water Supply: Public

Septic Tank Size: 1000EX gallons

Grease Trap Size: N/A gallons

Pump Tank Size: N/A gallons

Nitrification Area: 1426 sq. ft.

Nitrification Linear Feet: 516 lin. ft.

No of Lines: VARIES

Line Length: VARIES

Line Width: VARIES

Trench Bottom Depth: 18

(SEE ATTACHED PAGES 1 - 1 of 1 FOR ADDITIONAL PERMIT CONDITIONS)

Signed By: Chris Harper

Date: 02/14/2020

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958 and .1959 are incorporated by reference into this permit and shall be met.

THE ISSUANCE OF THIS C.A. DOES NOT CONSTITUTE AN ONSLOW COUNTY WARRANTY OR GUARANTEE OF THE FUNCTIONALITY OF THE WASTEWATER SYSTEM

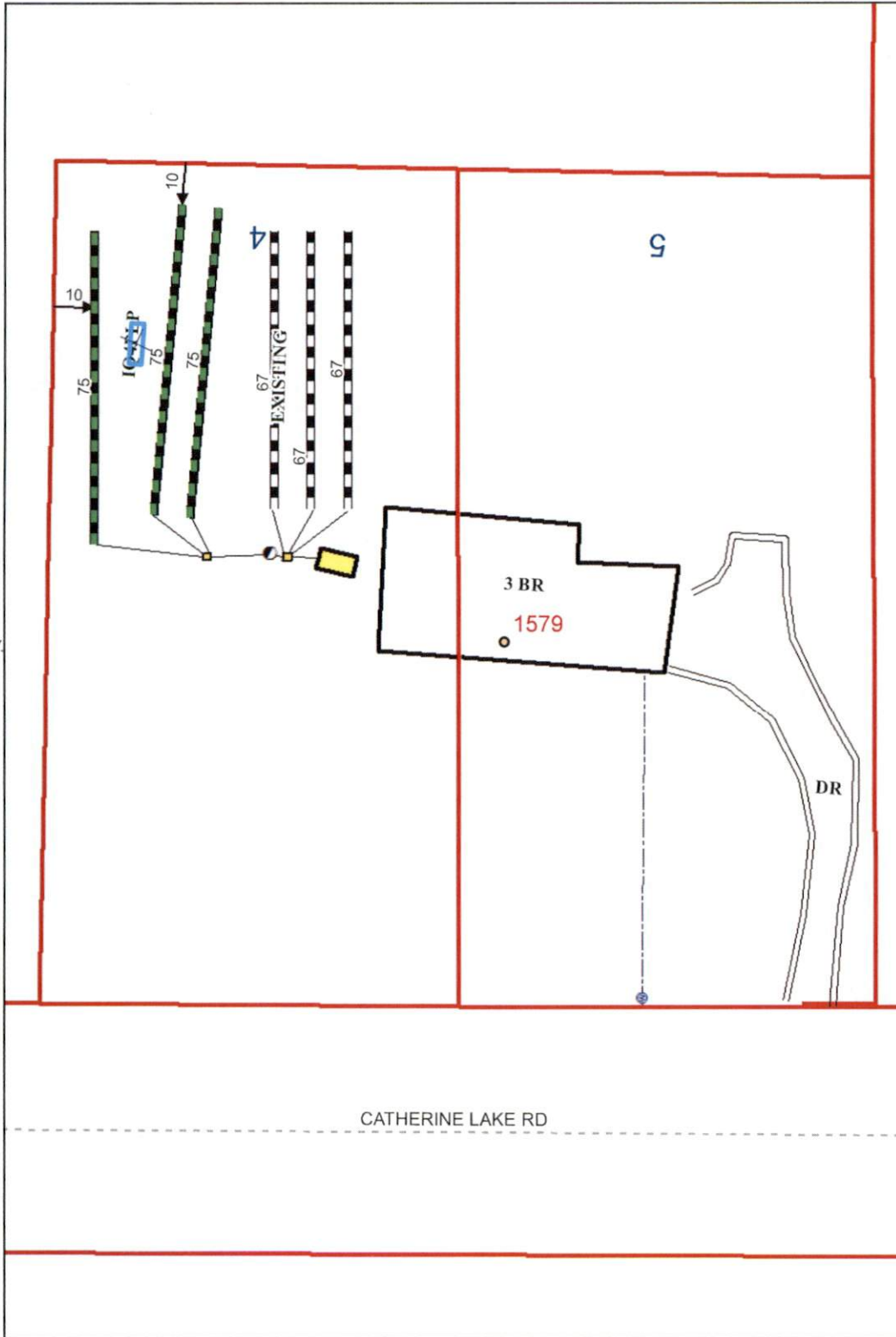
Owner: LIVE OAK ESTATES
 Address: 1579 CATHERINE LAKE RD
 Location: _____

REPAIR
6/12/2020

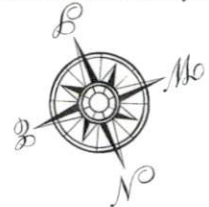
Addendum to permit # EHOP-2020-00135
 Page 1 of 1

PLOT PLAN
 1 inch = 40 feet

Additional Permit Conditions:



1. Do not park or drive on any part of system or repair area.
2. Nitrification trench aggregate shall be covered with straw, untreated paper or other approved materials prior to final cover/backfilling.
3. Do not install system under wet conditions.
4. Adhere to minimum set back requirements as stated in Rule .1950 and .1951 of NC Laws and Rules for Sewage Treatment and Disposal System (Article 11, G.S. Chapter 130A) unless otherwise indicated on this permit.
5. Rock used in soil absorption systems shall be clean, washed gravel or crushed stone and graded or sized in accordance with size numbers 3, 4, 5, 57, or 6 of ASTM D-448 (standard sizes of coarse aggregate) which is hereby adopted by reference in accordance with G.S. 150 B-14 (c). Documentation of aggregate size shall be available upon request.
6. All pump tanks shall be tested for water tightness. Septic tanks may be subject to a water tightness test.
7. The septic tank is designed to receive sewage or wastewater under gravity flow. However, if a system subject to the N.C. Plumbing Code is used to pump raw sewage to the septic tank, the sewage shall be reduced to gravity/non-turbulent flow by approved means at the inlet of the septic tank.
8. An accepted wastewater system may also be installed in accordance with the accepted wastewater system approval. (Maximum LTAR of 1.0 gpd/ft²)
9. Run lines parallel to contour. System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to insure that proper grade is maintained.
10. A recorded plat or deed and corresponding map shall be submitted to the Environmental Health Section of the Onslow County Health Department PRIOR TO the issuance of the Construction Authorization.
11. An APPROVED stormwater plan shall be submitted to the Environmental Health Section of the Onslow County Health Department PRIOR to issuance of a Construction Authorization.
12. FOR DWELLING UNIT WASTEWATER SYSTEMS ONLY – This wastewater system is designed only for the number of bedrooms shown as bedrooms or sleeping rooms on the building/floor plan approved by Onslow County Code Enforcement. No other room or space may be relabeled as a bedroom, used as a bedroom, or converted into a bedroom without prior approval from Onslow County Environmental Health.



CATHERINE LAKE RD

BEDROOMS/ GPD: 3/360 GPD 6 PERSONS
 SYSTEM TYPE: IQ4PLP
 % REDUCTION: 0
 LTAR: .53
 SQ. FT. 675
 LINEAR FEET 225
 # OF LINES: 3
 LENGTH EACH LINE: 75
 TRENCH BOTTOM: 8-18
 TRENCH WIDTH: 3 FEET
 FEET ON CENTER(LINES) 9 FEET
 REPAIR AREA: _____

****WARNING: THIS IS NOT A SURVEY!****

This map is prepared for the inventory of real property found within this jurisdiction, and is compiled from recorded deeds, plats, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information contained on this map. The County and mapping company assume no legal responsibility for the information contained on this map.

SEPTIC TANK INSPECTION CHECKLIST (Type II-V)

Name: _____

Permit #'s _____

Address: _____

Location: _____

Date of CA Application _____

Date of Construction Authorization _____

Initial System Off-Site Yes/No

System Type _____

Repair Area Off-Site Yes/No

SEPTIC TANK	INITIAL DATE	NITRIFICATION LINES/LATERALS	INITIAL DATE
Manufacture Date		Trench/Lateral Type/Aggregate 124 PLP	CA
State ID Number		Trench Width: 5	
Capacity		Trench Length: 76	
Tee/Approved Filter Ex		% Reduction Taken: 0	
Baffle		Trench Bottom/Lateral Depth 5.70	
Sealant		Number of Lines/Laterals	
Tank Penetration Seal		Trench Grade	
Riser if Applicable		Rock Depth & Quality (3, 4, 5, 57, 6)	G
Water Tightness Test		Aggregate Cover	
		Warranty(if applicable)	
		Dams/Stepdowns/Drop box, etc.	
PUMP TANK		Pressure Lateral:	
Manufacture Date		Hole Spacing/Hole Sizing:	
State ID Number		Turn-ups/Protectors	
Capacity		Observation Ports	
Waterproof/Sealant		DISTRIBUTION SYSTEM	
Riser		Distribution Method: P-BOX	CA
Water tightness Test		Serial Dist.	
		Pressure Manifold	
		Tap Size & Material	
PUMP		Pipe (Size, Material & Grade)	CA
Check Valve/Gate valve		Valves (Bull Run, Flow Divider, etc...)	
Anti-siphon Hole (Size)		Valves	
Pressure Head		SUPPLY LINE	
Floats/Pressure Bell/Transducer		Location	
Drawdown (inches)		Pipe (Material)	CA
Electrical Components		Depth (if specified)	
NEMA 4x Box		Pipe Size	
Rate (gpm)		Hydrostatic Leak Test:	
Pump Manufacturer:		LANDSCAPING	
Pump Model Number:		Surface Drain	
Pump Removal Method		Subsurface Drain	
Permanent Power		Depth of Cover: Tank: Drainfield:	CA
		Will Shed Surface Water (Turtleback)	
		Finish Grade/Stabilize (if applicable)	
GREASE TRAP		Permanent Markers (tank)	
Manufacture Date		OTHER	
State ID Number		System Setbacks CA	CA
Capacity		Legal Documents	
Tee/Approved Filter (Extends 50% of liquid depth)		Mound Approved (Texture, Interface, Location, Length, Depth, Width)	
24" Access Opening		ORC Contract/Company	
Water Tightness Test		Tri-Party Draft	
		Tri-Party Finalized/Recorded	
		Grinder Pump Needed?	
		Wye Connect/Grinder Approval	

CONTRACTOR

INSPECTIONS

Name: FLA

REHS	DATE	TIME

REHS	DATE	TIME

Certification Level: LV

OFF-SITE SYSTEMS	INITIAL DATE	DRIP SYSTEMS/ADVANCED PRE-TREATMENT	INITIAL DATE
Conditional CA for Supply Lines:		Preconstruction Meeting	
Date Issued:		Drip Manufacturer	
Date Installed:		Drip Tags Collected	
Hydrostatic Leak Test:		Headworks (above SWC)	
Permanent Markers with Lot # (At Corners of Drainfield)		Start-up/Final	
All Weather Access Road		Manufacturers Approval for Design	
Easements Recorded		Field Representative Letter of Acceptance	
		Installer Authorized/Approval from Manufacturer	
		Cover Turtlebacked	
Designs/Plans Submitted		Pretreatment Product/Device	
Plans Approved			
Telemetry		Designs/Plans Submitted	
As Built Provided		Plans Approved	
Designer/Engineer Letter of Acceptance		Telemetry	
		As Built Provided	
DRAINAGE		Designer/Engineer Letter of Acceptance	
Design Approved		Approval #'s	
Type: <input type="checkbox"/> GWL			
<input type="checkbox"/> Interceptor			
<input type="checkbox"/> Ditch			
<input type="checkbox"/> Swale			
Tile Size:			
Depth:			
Pump Drainage Required:			
Pump Size:			
Pump Manufacturer:			
Power Connected/Operational: (Generator Not Approved)			

COMMENTS:
