

BRUNSWICK COUNTY HEALTH DEPARTMENT  
P.O. BOX 9 BOLIVIA, N.C. 28422 (910) 253-2250

IMPROVEMENT PERMIT

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

An Authorization for Wastewater Construction must be attached to the Improvement Permit before any other permit can be issued and before a wastewater system can be installed.

Supporting documents such as the completed application form, site evaluation form, fill plan, etc. are considered a part of this Improvement Permit.

Owner/Authorized Agent : CHANNEL SIDE CORPORATION Tax Parcel : 05 2170B042

Lot: 241 Block: PH-II Section: \_\_\_\_\_ Subdivision : LOCKWOOD FOLLY

Residential : XX Water Supply: XX Public \_\_\_\_\_ Private (well) \_\_\_\_\_

No. of units : 1 No. of bedrooms : 3 No. of occupants : 6

Commercial : N/A Number of employees : N/A

Type of business: N/A

Septic tank volume: 900 gallons LTAR: 1.2 gpd/sq. ft. Drainfield sq. feet: 300

No. of Lines: 2 Length ea.: 50' Trench width: 3' Bed : N/A

Trench/ Bed bottom depth no deeper than: 18 inches Pump tank volume: N/A  
(if applicable)

Conditions as marked below must be met. Any site modification conditions must be completed and approved prior to issuance of an Authorization for Wastewater Construction and the installation of the wastewater system.

- Keep 100 feet from all water supplies (minimum of 50 feet must be maintained).
- Keep 10 feet from all water lines .
- Keep 10 feet from any property lines (no less than 5 feet for lots recorded prior to 7/1/77)
- Do not drive over, park, pave, or build any structure over the area for the septic tank system and the repair area if applicable.
- Do not install the septic system during wet conditions.
- Maintain Gravity Flow for septic system.
- If Septic System Uses Rock Aggregate/Approved Filter Fabric Covering Required  
Drainage Maintenance Required.
- \_\_\_\_\_ Suitable Fill material must be installed exactly per the Health Department approved fill plan. *Fill check must be completed by the Health Dept. prior to issue of Authorization for Wastewater Construction.*
- \_\_\_\_\_ Approved for use of Alternative/Innovative Wastewater System (Specify) \_\_\_\_\_
- \_\_\_\_\_ Submit Wastewater plans to the Health Department for review/approval
- Septic Tank System must be installed per the Construction Authorization Permit.
- MUST connect to sewer when available and notify Health Dept. of any changes

IMPROVEMENT PERMIT DATE: 8/3/00 EXPIRATION DATE: VALID WITHOUT EXPIRATION

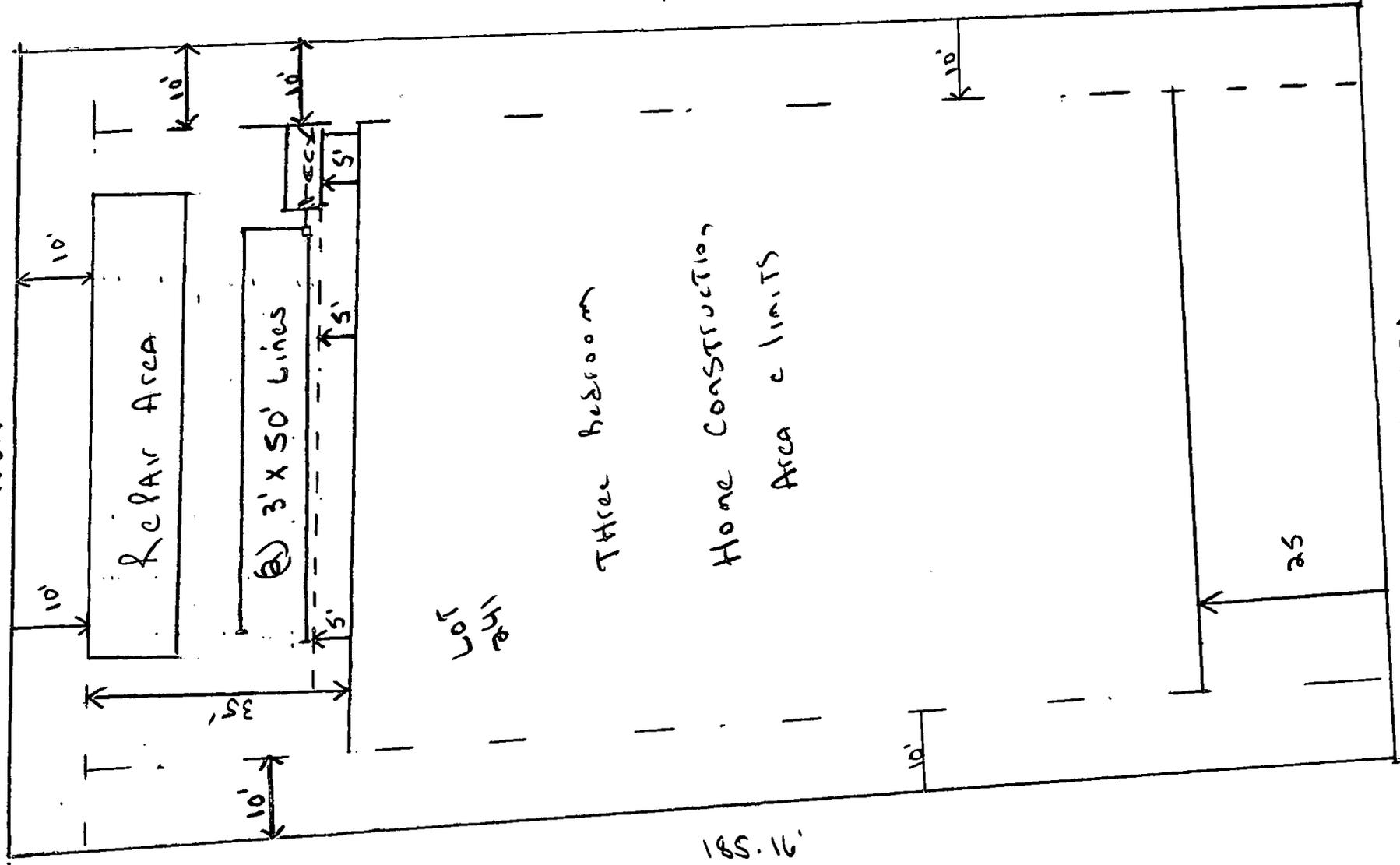
Permit Not Valid Unless Signed by Authorized Agent: [Signature]  
Signature

Actions of Brunswick County Health Department representatives engaged in the evaluation and determination of measures required to effect compliance with the applicable laws and rules shall in no way be taken as a warranty that sewage treatment and disposal systems approved and permitted will function in a satisfactory manner for any given period of time. Permit is subject to revocation if the site plan or plat whichever is applicable, or the intended use changes.

The issuance of this permit does not preclude the Permittee from complying with any and all statutes, rules, regulations, or ordinances which may be imposed by other government agencies (local, state, and federal) which have jurisdiction.

Septic Tanks Shall  
Have An Approved  
Effluent Filter &  
Access Devices.

Golf Course  
100.0



Scale: 1" = 20'

LARRY ELLIS

8/30/00

Original

Lockwood Lane

178.50'

150  
100

BRUNSWICK COUNTY HEALTH DEPARTMENT

TYPE: HC  
FILE NO.: 90 / 259011  
00031047

DATE REC.: 0-0-00  
LARRY F

P.I.N.: 100.00 2170B042

REC. FROM: PO BOX 2522 AMT. PD.: WILMINGTON NC TAX PARCEL: 28402 910452-0011  
ADDRESS: CHANNEL SIDE CORPORATION CITY: LOCKWOOD FOLLY ZIP: 241 PHONE: PH-II  
CURRENT PROPERTY OWNER: SUPPLY SUBDIVISION: 410 LOCKWOOD LANE LOT: 410 BLK: LOCKWOOD SEC: LANE

PROPERTY LOCATED. TOWN/CITY/AREA: SW HWY 175 TO HWY 211 TO STONE CHIM DIRECTIONS TO PROPERTY: \_\_\_\_\_

**AUTHORIZATION FOR WASTEWATER CONSTRUCTION PERMIT**

PERMIT IS SUBJECT TO REVOCATION IF SITE PLANS OR THE INTENDED USE CHANGE.

NEW X REVISION \_\_\_\_\_ REPAIR \_\_\_\_\_ RELOCATION \_\_\_\_\_

NOTE: All the conditions specified on the IMPROVEMENT PERMIT must be met.

Design Flow: 360 gpd. Septic tank size: 900 gal.  
No. Bedrooms 3 No. occupants/employees 6 Max. Trench/Bed Bottom Depth: 18 inches  
No. Lines: 2 Length each: 50' Bed dimensions: N/A

Fill Check: / Date: \_\_\_\_\_ Approved: / Authorized Agent: \_\_\_\_\_

NOTES:  
1. Septic Tank shall have an approved effluent filter and access devices as applicable.  
2. All components of the septic systems shall be located 100 feet if possible but not less than 50 feet to all existing and future wells on this parcel and adjacent parcels.

PERMIT ISSUE DATE: 8/30/00 (Expires 60 Months from date of issue.)

PERMIT NOT VALID UNLESS SIGNED BY AUTHORIZED AGENT: [Signature]

See Attached Drawing (NOT TO SCALE)  
① Must keep all water lines 10' minimum from any part of the system.  
② Elevation Home To Obtain Gravity Flow. If A Pump, will be required.  
③ Considered Must Mark & Sign Property Lines.  
Septic Tanks Shall Have An Approved Effluent Filter & Access Devices.

Wastewater System Installer: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: (tank info/barrier approved) \_\_\_\_\_

OPERATION PERMIT: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Agent Signature

Actions of local health department representatives or the State engaged in the evaluation and determination of measures required to effect compliance with the applicable laws and rules shall in no way be taken as a warranty that sewage treatment and disposal systems approved and permitted will function in a satisfactory manner for any given period of time. The issuance of this permit does not preclude the Permittee from complying with any and all statues, rules, regulations, or ordinances which may be imposed by other government agencies (local, state, and federal) which have jurisdiction.