

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

OPERATION PERMIT IIA0600
IMPROVEMENT PERMIT A5084
YEAR INSTALLED 2000

SYSTEM TYPE II
OPERATION PERMIT

OWNER: Horace King c/o Linda Rike
MAILING ADDRESS: 1410 Arendell St.
CITY, STATE, ZIP: Morehead City, NC 28557
BUSINESS PHONE: 247-6922 HOME PHONE: _____
PROPERTY LOCATION: Magens Bay, Lot 22
Magens Way Drive
SYSTEM DESCRIPTION: 1000 gal. septic tank, (3) three (55') fifty five drain lines (repair area)
DESIGN DAILY SEWAGE FLOW 480 BASED ON 4 bedrooms
(beds, seats, people, etc.)
DATE OF INSTALLATION INSPECTION: 6-13-00 INSPECTED BY: Ben Kane, RS
INSTALLER: Alton Rouse
COMMENTS: _____

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

NAME: Sara is due 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 withing thirty (30) days.
9. Provide positive surface drainage over drainfield area, seed with perennial grass to prevent erosion, and keep area mowed. Divert water from roof gutters, driveway and other paved or hard surfaced areas away from drainfield area.
10. All ditches, swales, subsurface drainage, and outlets pertinent to the proper functioning of the septic system shall be maintained as required as long as the system is in use.
11. Garbage grinders are not recommended when a home is served by sub-surface sewage disposal. If a garbage grinder is used then it is recommended that the septic tank be pumped out annually to prevent the excessive accumulation of sludge.
12. Discharge from water softeners shall not be allowed into the system.
13. All other requirements of Section .1900 NCAC.

The Carteret County Health Department reserves the right to make inspections of these sewage collections, treatment, and disposal facilities as necessary to assure compliances with the provisions of this Operations Permit and the North Carolina Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal.

OPERATIONS PERMIT ISSUED 6-28 2000
BY [Signature]
ENVIRONMENTAL HEALTH SPECIALIST

Name: King, Horace

Location: Magers Bay

Lot # 22

Environmental Health Division
Carteret County Health Department
Beaufort, NC 28516 • (919) 728-8499

Authorization for Wastewater System Construction

(NO CERTIFICATE OF OCCUPANCY SHALL BE ISSUED
UNTIL OPERATION PERMIT HAS BEEN ISSUED)

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G.S. 130a-336

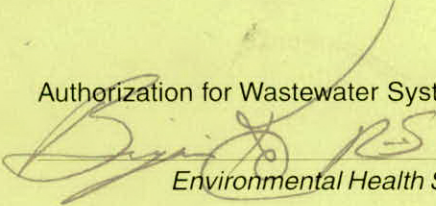
Valid for Five (5) years from date of issuance

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

Date: 6-14-99 M.E. Classification: IIA

- New Construction
- Repair
- Existing System

Authorization for Wastewater System Construction by:


Environmental Health Specialist

Name: Kins, Horace

Location: Hogans Bay Lot 22

Environmental Health Division
Carteret County Health Department
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Improvement Permit

- * NO BUILDING PERMIT SHALL BE ISSUED UNTIL AUTHORIZATION TO CONSTRUCT IS ISSUED.
- * NO AUTHORIZATION TO CONSTRUCT SHALL BE ISSUED UNTIL MODIFICATION (IF REQUIRED) IS APPROVED.

G.S. 130a-336

Improvement Permit

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

B

Date: 6-14-99 M.E. Classification: IIA

Permit valid for 5 years from date of issue

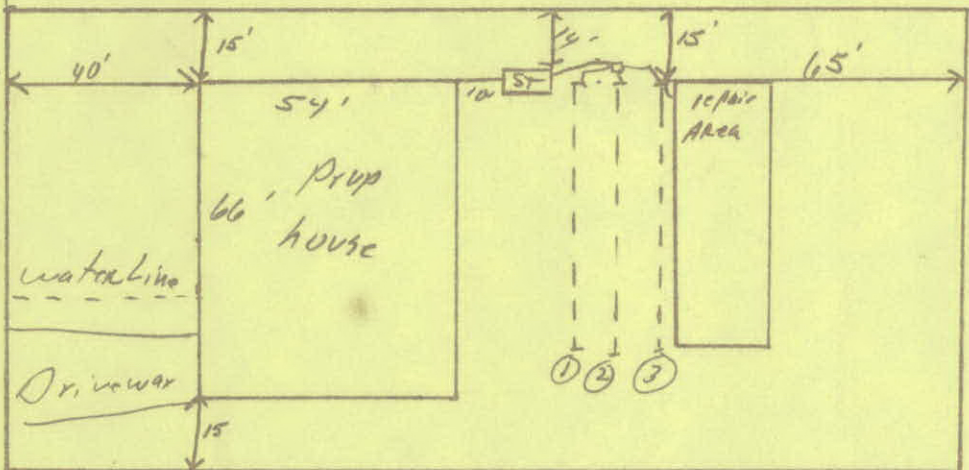
- New Construction
- Repair
- Existing System

Improvements Permit by:

[Signature]
Environmental Health Specialist

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SITE PLAN



- 1) Line ① 18" T.B.
- 2) Line ② 20+22" T.B.
- 3) Line ③ 24" T.B.

ELECTRICAL PERMIT REQUIRED: YES () NO (X)

OWNER: Horace King Jr, Linda Kife
 ADDRESS: 1410 Arrendal St
Morehead City PHONE 257-6922
 TAX PARCEL: 5374 1684 0302
 PROPERTY LOCATION: Masons Way

SUBDIVISION: Magens Bay
 LOT: 22 BLOCK: _____ SEC: _____
 TYPE STRUCTURE: House
 NO. BEDROOMS: 4 NO. BATHS: 2
 NO. PEOPLE: 8 DESIGN FLOW: 980
 GARBAGE GRINDER: YES () NO (X)
 SEPTIC TANK: 1000 GAL. PUMP TANK: - GAL.
 NO. LINES: 3@55 WIDTH: 3
 TOTAL LENGTH: 165 FT. TOTAL 495 SQ. FT.
 WATER SOURCE: WCWC
 HORIZONTAL DISTANCE FROM WELL: _____ FT.
 SITE MODIFIED: YES () NO (X)
 DRAINAGE REQUIREMENTS: _____

- STRUCTURE SHALL BE PLACED SO THAT GRAVITY FLOW IS ACHIEVED OR PUMP SYSTEM SHALL BE REQUIRED.
- DO NOT PARK, PAVE, DRIVE, OR BUILD OVER ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
- MAINTAIN A MINIMUM 5 FEET BETWEEN ANY FOUNDATION AND ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.

***SYSTEM SHALL NOT BE INSTALLED UNDER WET CONDITIONS**

*Trench bottom depth to be no deeper than 18" to 24" T.B. naturally occurring surface.

Easement Required: _____ Yes No
 Drainage Maintenance Req. Surface Subsurface ()
 Maintain Minimum 10' From Water Line
 Comments: _____

*Prior to any changes 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 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.

FOR SYSTEMS REQUIRING LESS THAN 18" TRENCH BOTTOMS, A MINIMUM OF 6" SOIL COVER IS REQUIRED AND MAY REQUIRE ADDITIONAL FILL OF AT LEAST GROUP II SANDY LOAM TEXTURE.

(OFFICE USE FOR FIELD NOTES ONLY)

MODIFICATION INSPECTION BY: _____ ENVIRONMENTAL HEALTH SPECIALIST

DATE: _____
 INSTALLER: _____
 COMMENTS: _____