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OPERATION PERMIT

Carteret County Health Department
Environmental Health Division
3820 Bridges St. Suite A
Morehead City, NC 28557
Phone: 252-728-8499 FAX: 252-222-7753

For Office Use Only

CDP File Number: 227263 - 2
 PIN Number: 636516735731000
 Evaluated For: REPAIR
 Township: _____

Applicant: Bogue Sound Ceptic & Grading Inc
 Address: 178 West Hilltop drive
 City: Newport
 State/Zip: NC 28570
 Phone #: _____

Property Owner: Kay Brackins
 Address: 107 Shady Ln
 City: Atlantic Beach
 State/Zip: NC 28512
 Phone #: _____

Property Location & Site Information

Address: ATLANTIC BEACH, NC 28512
 Road #: 107 SHADY LANE Subdivision: KNOLLWOOD BANKS Phase: _____ Lot: 8
 Township: _____ Directions
 Structure: SINGLE FAMILY
 # of Bedrooms: 3
 # of People: 6
 Water Supply: PUBLIC

IP Issued by: _____ System Classification/Description: TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)
 CA issued by: 2384 - Lyles, Blakley
 Design Flow: 360 Saprolite System? No
 Soil Application Rate: _____ Pump Required? No
 Distribution Type: GRAVITY - PARALLEL (eq. d-box)
 Pre-Treatment: _____

Drain field

Nitrification Field: _____	<u>450 Sq. Ft.</u>	System Type	<u>GRAVEL/BED</u>
No. Drain Lines: _____	<u>5</u>	Installer:	<u>Bogue Sound Septic</u>
Total Trench Length: _____	<u>150</u>	Certification #:	<u>1288</u>
Trench Spacing: <u>3</u> Feet O.C.		EHS	<u>2384 - Lyles, Blakley</u>
Trench Width: <u>15</u> Feet		Date:	<u>06/03/2024</u>
Aggregate Depth: _____	<u>12 inches</u>		
Minimum Trench Depth: _____	<u>Inches</u>		
Minimum Soil Cover: _____	<u>Inches</u>		
Maximum Trench Depth: _____	<u>30 Inches</u>		
Maximum Soil Cover: _____	<u>Inches</u>		

15' x 30' Bed

Approval Status
Approved

Septic Tank

Manufacturer:	<u>Infiltrator</u>	Lat:	_____
STB:	<u>2054</u>	Long:	_____
Gallons:	<u>1050</u>	Installer:	<u>Bogue Sound</u>
Date:	<u>06/03/2024</u>	Certification #:	<u>1288</u>
Filter Brand:	<u>POLYLOK PL-68</u>	EHS:	<u>2384 - Lyles, Blakley</u>
ST Marker:	<u>Yes</u>	Date:	<u>06/03/2024</u>
Reinforced Tank:	_____	Approval Status Approved	
1 Piece Tank:	_____		

Pump Tank

Manufacturer:	_____	Installer:	_____
PT:	_____	Certification #:	_____
Gallons:	_____	EHS:	_____
Date:	_____	Date:	_____
Riser Sealed	_____	Approval Status	
Riser Height:	_____ (Min. 6 in.)		
Reinforced Tank:	_____		
1 Piece Tank:	_____		

Supply Line

Pipe Size:	_____ inch diameter	Installer:	_____
Pipe Length:	_____ feet	Certification #:	_____
Schedule:	_____	EHS:	_____
Pressure Rated	_____	Date:	_____
Approved fittings	_____	Approval Status	

Pump Requirement

Pump Type:	_____	Installer:	_____
Dosing Volume:	_____ Gal	Certification #:	_____
Draw Down:	_____ Inches	EHS:	_____
Chain:	_____	Date:	_____
Valves Accessible	_____	Approval Status	
Flow Adjustment Valve	_____		
Check-valve	_____		
PVC Unions	_____		
Vent Hole	_____		
Anti-siphon Hole	_____		

Electric Equipment

NEMA 4X Box or Equivalent	_____	Installer:	_____
Box 12 inches Above Grade	_____	Certification #:	_____
Box Adj. To Pump Tank	_____	EHS:	_____
Conduit Sealed	_____	Date:	_____
Pump Manually Operable	_____		
Activation Method:	_____		
Alarm Audible	_____		
Alarm Visible	_____		

Approval Status

Operation Permit completed by: *BL*

Authorized State Agent: 2384 - Lyles, Blakley Date of Issue: 07/09/2024

Owner/Applicant Signature: _____

This system has been installed in compliance with applicable NC General Statutes: Article 11, Chapter 130A, Rules for Sewage Treatment and Disposal, 15A NCAC 18A .1900 *et. Seq.*, and all conditions of the Improvement Permit and Construction Authorization. This property is served by a TYPE II A. sewage septic system.

Rule .1301. requires that a Type TYPE II A. septic system meet the following criteria:

Minimum System Review By The Local Health Department: N/A

Management Entity: OWNER

Minimum System Inspection/Maintenance Frequency By Certified Operator:
N/A

Reporting Frequency By Certified Operator: N/A



Construction Authorization

Carteret County Health Department
Environmental Health Division
3820 Bridges St. Suite A
Morehead City, NC 28557

CDP File Number: 227263-2
County File Number: 63651673573100
Date: 5/17/24

Permit Conditions

- New septic tank required. Existing plastic tank shall be removed
- Completely remove all portions of existing drain lines located within proposed repair area and backfill with clean, dry sand
- Sever all tree roots to a depth of 30" along road-side of drain field

**Best Professional Judgement was used when designing this repair system*

