

Environmental Health
Pitt County Government
Backlog Permit File Scanning Separator Page
Template

«BRITTNEY_DANIELS»

8/17/2021

For Barcode Fields, use underscore (_) for spaces and include * before and after entry. Exp: *01732*

Permit #:<<



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PITT COUNTY HEALTH DEPARTMENT
1825 West Fifth Street
Greenville, North Carolina 27834

New Existing Repair

CERTIFICATE OF COMPLETION (COMPLIANCE)

Ground Absorption Sewage Disposal System (Septic Tanks)
N.C. General Statutes, Chapter 130 - Article 13C

Permit No. 220-85-E

Sketch of Layout

Date 5-20-85

Owner Bobby Bowen

Address S.R. 1200

Type of Use: Residence TR # Bedrooms 2

Commercial # Users

Other Summer Room # Users

Tank: Capacity 1200 Mfgt. STW Serial # STB-787

Distance From: House 20' Nearest Corner of House 20'

Drain Lines: Sq. Ft. 600 # Lines 3 Width 36"

Distance From: House 5' Nearest Corner of House 5'

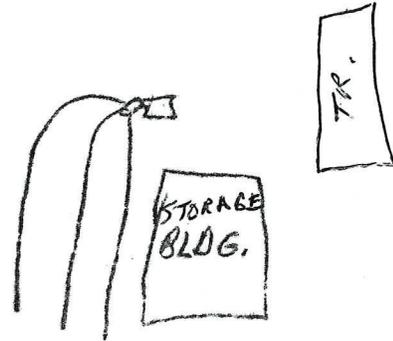
Depth of Stone 12", side , rear , feet 50'

Drainage: Required Completed

Water Supply: Well

Installed by Bobby Bowen

Inspected by Charles J. Lepman
Sanitarian



Suitable
Provisionally Suitable
Unsuitable

PITT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1825 West Sixth Street
Greenville, N.C. 27834 - Phone: 752-4141

Jason Bowen
4:00

Existing _____
New _____

APPLICATION

Article 13 E of Chapter 130 of the General Statutes of North Carolina

Date Received _____
Owner Bobby Bowen
Address _____ City _____ Zip _____
Subdivision Name _____ Lot No. _____ Block No. _____
Directions _____

In Reply Please Refer To:
Permit Number 270-85
Phone _____

Land Use M.H. Bedrooms 2 Water Supply _____

Plat Required: Yes _____ No _____

*** This is an official document. Please retain with other valuable papers.

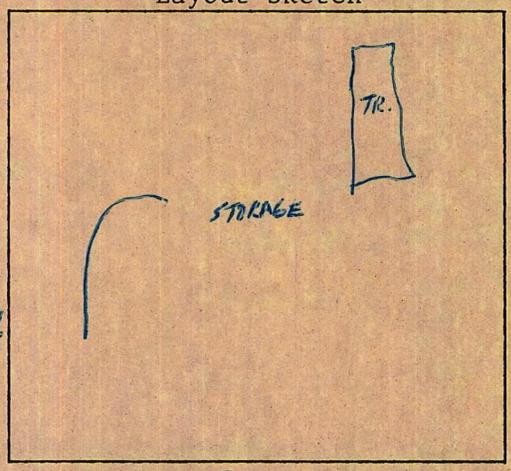
Owner's Signature or Agent _____

IMPROVEMENT PERMIT

Site Classification Information:

Topography _____ Soil Texture _____
Soil Structure _____ Soil Depth _____
Restrictive Horizon: _____
Soil Drainage: Internal _____ External _____
Soil Permeability _____
Other _____ Estimated Flow _____
Septic Tank Capacity _____
Nitrification Square Footage 600 5-21-85 cgf
Land Requirements _____
Comments _____

Layout Sketch



Front

Date Issued _____ By _____ Sanitarian

Septic Tank Approval

Date Approved 5-20-85 By Charles J. Lehmann Sanitarian

White - Owner's Copy Yellow - Health Department Copy Pink - Building Inspector's Copy

VALID FOR 36 MONTHS

INVENTORY & EVALUATION
OF LAND, WATER, AND RELATED RESOURCES

SOIL CONSERVATION SERVICE
REC'D
MAY 10 1985
PITTSBORO, N.C. HEALTH DEPT.

REQUESTED BY Bobby Bowen LOCATION ON SR 1200 approx 2.5 miles West of Greenville, N.C.

ASSISTED BY Ricky Therrington DATE 5/8/85

* INDIVIDUAL GROUP UNIT OF GOVERNMENT

SITUATION: Mr. Bowen was referred to SCS by the Pitt County Health Dept. for drainage recommendation on his property. The soils in this area is a Rainy fine sandy loam and has a severe limitations for septic tank filter fields because of a seasonal high water table. Drainage had been develop on the property some years ago. However, sediment has reduce the depth and capacity of the existing open ditch

SUGGESTED SOLUTION(S) _____

With the approval of adjacent landowners and the Pitt Co Health Dept. make the following drainage improvements.

1. Cleanout existing open ditch starting where the open ditch corners at woods and continue upstream behind Mr. Bowen's property
2. All culverts should be lowered to the new depth so flow will not be restricted.
3. The ditch will be graded so that a depth of 4 ft. will be maintained across the back of Mr. Bowen's property. Side slopes on open ditch should 3/4 to 1.

* Check appropriate category

CONSERVATION PLAN MAP

UNITED STATES DEPARTMENT OF AGRICULTURE SOIL CONSERVATION SERVICE

cooperating with

Pitt

Soil Conservation District

OUR SOIL ★ OUR STRENGTH

Owner Bobby Bowen

Plan No. _____ Date 5/8/85

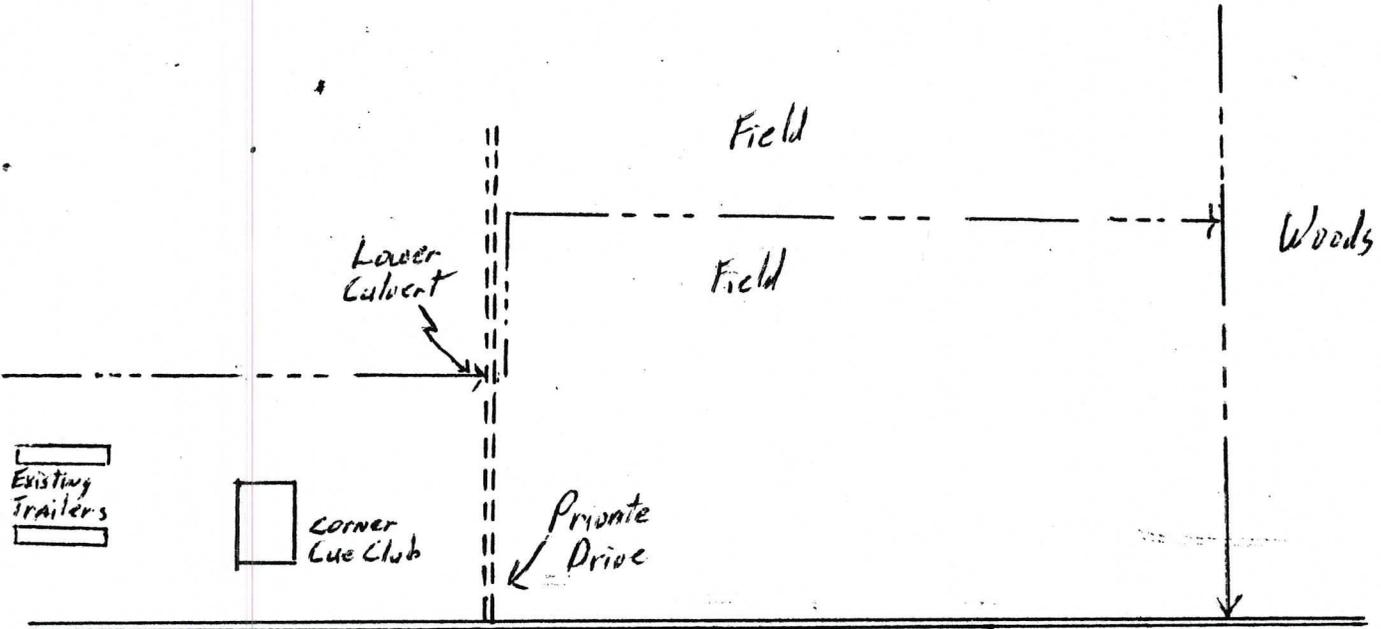
Operator _____

Scale Not to Scale Acres _____
Approximate

Pitt
County

N.C.
State

Photo No. _____



CERTIFICATION STATEMENT
Subsurface Drainage

Name of drain tubing manufacturer:

Material used for cover or filter:

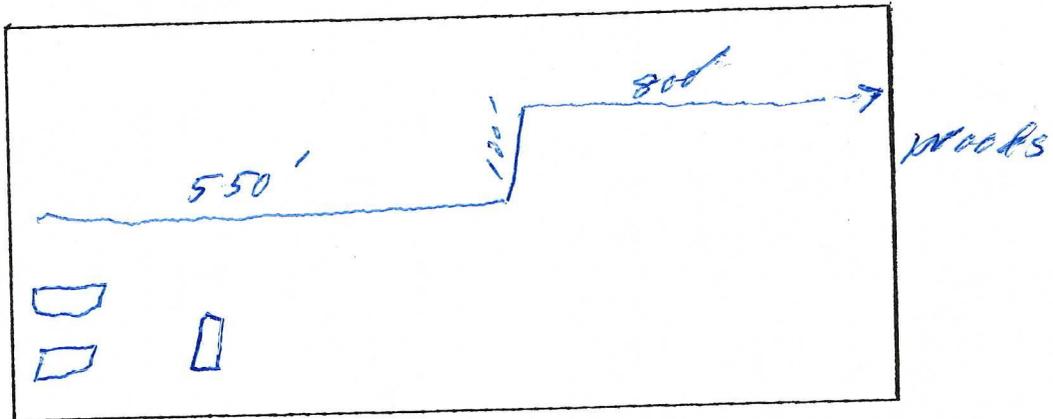
Outlet Pipe: Length _____ Type _____ Size _____

Outlet Clearance _____

Animal Guard Installed: Yes _____ No _____

Proper Surface Water Diversion: Yes _____ No _____

Sketch of System
(show length and size of each line)



I certify that this drainage has been completed in accordance with the drawing and specifications furnished to me. Exceptions, if any, are listed below:

Contractor's signature:

James T. Banner
Date: 5-20-85

Landowner's signature:

Date: _____