

Craven County Health Department
P.O. Drawer 12610
New Bern, NC 28561
(252) 636-4936 FAX (252) 636-1474
"WORKING TOGETHER FOR YOUR HEALTH"

Lot
21

Improvement Permit

Application Number 05-00000694 Date 9/21/05
Property Address 6000 ADAMS CREEK RD
Parcel Id 5-024 -007
Tenant nbr, name LOT 21 FULSHIRE PLANTATIO
Application description EH - SEPTIC TANK APPLICATION - NEW
Subdivision Name
Property owner POTTER, MARY N ET AL
Owner address 200 SHERWOOD BLVD
BEAUFORT NC 285161622
(252) 728-3316

----- Structure Information 4 BEDROOM HOUSE -----
Occupancy Type RESIDENTIAL
Other struct info PARCEL SIZE 122.00
NAME OF SUBDIVISION FULSHIRE PLANTA
LOT# 21
SECTION 1
WATER SUPPLY PUBLIC
IND PROCESS WW? (Y/N) N
IP SYSTEM TYPE 2C
IP REPAIR AREA TYPE 2C
NUMBER OF BEDROOMS 4
NUMBER OF OCCUPANTS 8
MAXIMUM DESIGN FLOW (GPD) 480
SITE IMPROVEMENTS REQ'D N

Permit IMPROVEMENT PERMIT
Additional desc 111 WATERWAY DRIVE 7
Issue Date 9/21/05 Valuation 0

★ Special Notes and Comments
Subdivision has existing ditches and canals that discharge to (or close proximity to) Adams Creek. The S/D developers propose to fill existing ditches & install drainage ditches to pond as per the drainage plan drawing filed with Craven County Planning Office & approximated on these IP sketches. Construction Authorizations cannot be issued until existing ditches/canals located too close to proposed systems have been properly removed & new drainage installed meeting setbacks. FORCE MAINS RUNNING UNDER ROADS & IN UTILITY EASEMENTS SHOULD BE INSTALLED PRIOR TO ROAD & DRIVE PAVING. See notes on IP sketches!

IMPROVEMENT PERMIT (IP AND CA NEEDED FOR BUILDING PERMIT)
THIS PERMIT IS SUBJECT TO REVOCATION IF THE SITE PLANS,
PLAT, SITE CONDITIONS, OR INTENDED USE CHANGE.
THIS PERMIT DOES NOT EXPIRE.
AUTHORIZED AGENT:

Wade W. Moody, R.S.



CONDITIONS OF THE IMPROVEMENT PERMIT

GENERAL:

Do not disturb the area designated for the wastewater system and repair area. The improvement permit can become invalid and be revoked if the site or soil conditions are altered.

The improvement permit allows only those site improvements necessary for the proper functioning of the system, such as fill or drainage. Call for inspection after the improvements are installed. Do not install the wastewater system until the construction authorization is issued.

A pump, pump chamber, and all appurtenances may be required at any time if gravity feed cannot be maintained. This addition must be approved by the health department prior to installation.

System types IVa and higher will require a certified system operator. A contract shall be executed between the system owner and the operator prior to the issuance of the operation permit. It shall be a condition of the operation permit that subsequent owners of the system execute such a contract. It shall be the responsibility of the owner to inform potential subsequent owners of the system type, operational needs and contract requirements. Contact the Craven County Health Department at (252) 636-4936 for details and a Wastewater System Operator Designation form.

FILL SYSTEMS (MOUND SYSTEMS):

Any required fill material must be placed on the site per the attached fill (mound) system specification sheet.

DRAINAGE SYSTEMS:

Drainage must be installed in accordance with the cut sheet. A new cut sheet will be required if the reference markers are moved or destroyed. Drainage systems required as part of the improvement permit must be inspected prior to issuance of the construction authorization.

TRANSFERABILITY:

The improvement permit shall not be affected by a change in ownership of the site provided both the site for the wastewater system and the facility the system serves are unchanged and remain under the ownership or control of the person owning the facility.

NOTE:

This permit does not exempt you from any rule, regulation or ordinance of any federal, state, and/or local agency nor any restrictive covenant. You must comply with all restrictive covenants, rules, regulations or ordinance prior to building, locating or relocating a residence, business, or place of public assembly.

TABLE OF SYSTEM TYPES

1A-1E	Contact Health Department for details	3E	PPBPS system, gravity dosed
2A	Conventional septic system (<480 gpd or single-family residence)	3F	Large diameter pipe system
2B	Conventional septic system (≤750 linear ft of drainline)	3G	Other non-conventional trench systems
2C	Conventional septic system with shallow placement	4A	Any system with LPP distribution
3A	Conventional system > 480 gpd (except single-family residence)	4B	System with more than 1 pump or siphon
3B	System with single effluent pump or siphon	5A-5D	Contact Health Department for details
3C	Gravity fill system		
3D	Dual gravity-field system	6A-6B	Contact Health Department for details

GRAVEN COUNTY HEALTH DEPARTMENT
APPROVED

IP# 05-694
IP DATE 9-21-05 BY MWM
CA# _____
CA DATE _____ BY _____

Lot 21 Notes:

System must remain at least 100' from any canal or ditch connecting to Adams Creek and at least 20' from any ditch draining to the subdivision retention pond ("duck pond").

Do not move or remove soil from System Area nor Reserve Area.

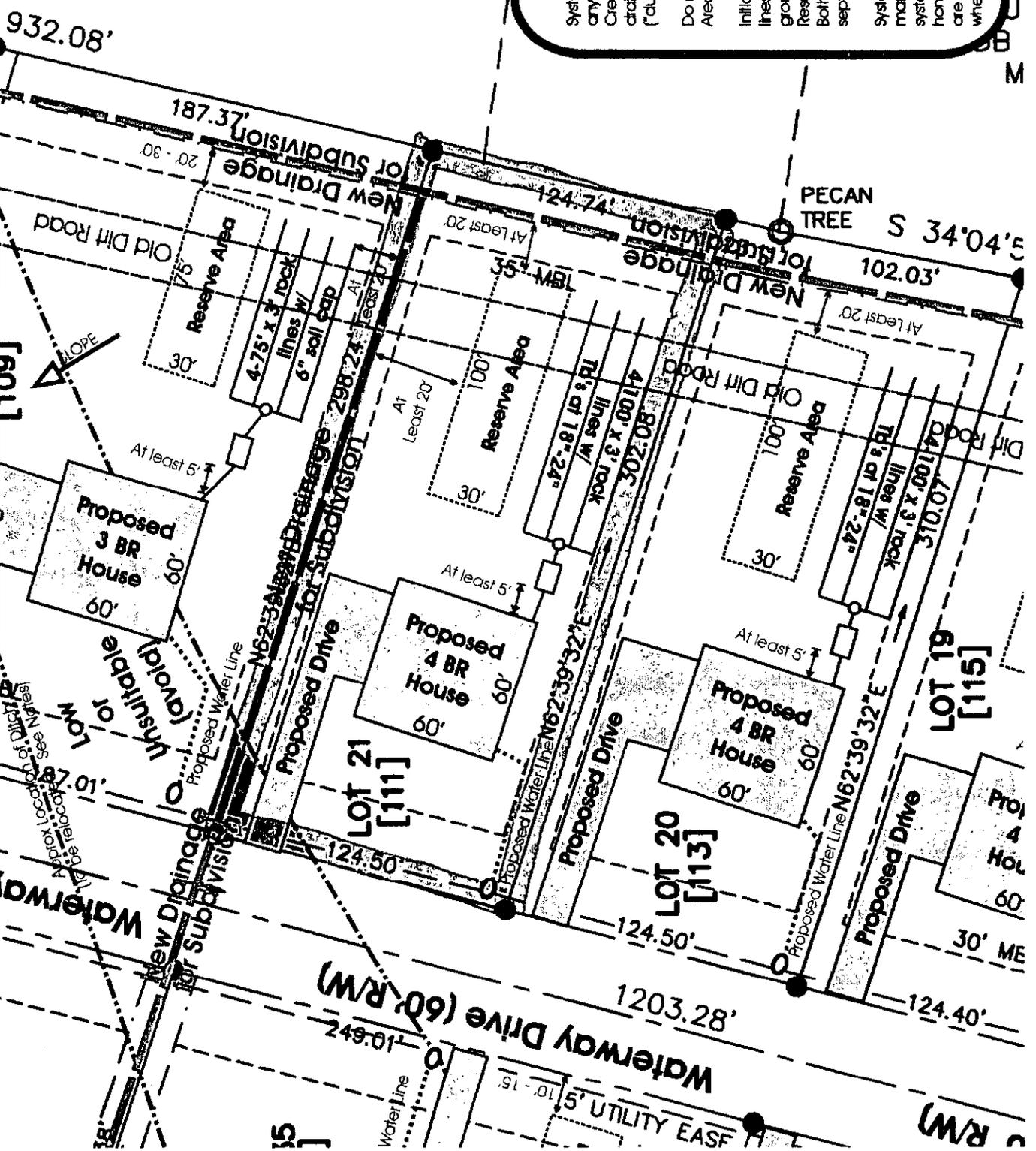
Initial System = 4-100' x 3' rock drain-lines with trench bottoms 18"-24" below ground surface.

Reserve System = same.

Both areas = 0.4 UJAR. At least 1000 gal septic tank with proper filter required.

System may need pump, pump tank, manifold, & appurtenances if gravity feed to system cannot be obtained from home location. Pump system specifications are included with Construction Authorization when needed.

Improvement Permit Sketch
Scale: 1" = 60'
Lot 21 Fushire Plantation Subdivision



Application Date: 3-23-05

Application #: 05-694

Craven County

Planning and Inspections
2828 Neuse Blvd.
New Bern, NC 28562
Planning- (252) 636-6618 Fax (252) 636-5190
Permitting/Inspections- (252) 636-4987
Fax (252) 636-4984

Office Use Only	
Fees Paid? Yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Amount Paid \$ <u>100⁰⁰</u>
Method of payment: Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/>	Other: _____
Disaster related? <input type="checkbox"/>	Fees waived? <input type="checkbox"/>
Comments: _____	

GENERAL INFORMATION

Applicant Information

Name: Coastal Marketing + Dev. Co Address: 309 Middle St
City: New Bern State: NC Zip: 28560 Home Phone: _____
Work Phone: 252-633-6091 Driver's License #: _____ State: NC

* What name is listed with the power company? _____

Property Owner Information (if different from above)

Name: Mary N Patten et al Address: 200 SHENWOOD BLVD
City: Brunswick State: NC Zip: 28516 Home Phone: 728-4723
Work Phone: _____ Driver's License #: _____ State: _____

Property Information ** NOTE: An address must be assigned before proceeding with this application **

Address: 6000 ADAMS CREEK ROAD Parcel ID: 5-024-007
City: Twp 5 State Road # (if applicable): SR1700 Parcel size (acres): 1.99

Is the property located within an approved Subdivision? Yes No Mobile Home Park? Yes No

If Yes, Name of Subdivision or MHP: Fulstone Plantation

Lot #: 21 Section/Phase: I Year Recorded: _____

Did you (or the listed property owner) own this property on Jan. 1st of the previous year? Yes No

Directions (attach map and indicate approximate location of construction): _____

Permit Information- Please indicate which permit(s) you are applying for:

- | | |
|--|---|
| <input type="checkbox"/> Building Inspections Permit | <input type="checkbox"/> Development in a Flood Hazard Area |
| <input type="checkbox"/> Mobile Home Inspection | <input checked="" type="checkbox"/> New Septic Tank/Flow Increase/Change in Use/
Foundation Increase affecting existing system |
| <input type="checkbox"/> Existing Septic Tank | <input type="checkbox"/> Preliminary Tract Evaluation |
| <input type="checkbox"/> Non-Public Well/Water Supply Construction | <input type="checkbox"/> Repair of an Existing Septic Tank |
| <input type="checkbox"/> Non-Public Well/Water Supply Operation | |

LAND USE

* If you are adding on to an existing home or placing an accessory or detached structure on your property, please illustrate the proposed location in the space provided below.

Proposed Development:

New Construction

Fill/Excavation

Alteration/Repair

Grading

Subdivision (requires board approval).....# of proposed lots 62

Mobile Home Park (requires board approval).....# of proposed lots _____

Other (explain in detail): _____

Type of Construction (please check only one):

Single-family House

Modular Home

Mobile Home (If NOT in a Mobile Home Park, how many mobile homes are currently on the parcel? _____

What is the total number proposed to be on the parcel? _____)

Commercial/Non-residential

Multi-family Units

Accessory Structure (explain in detail): _____

Size of Proposed Development: _____ ft. x _____ ft. **Location on property:** (* See box at top)

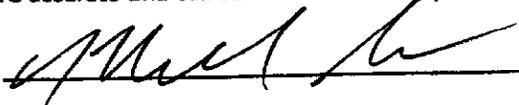
**** If more than one manufactured home is on one parcel of land, you may be required to follow the guidelines of the Craven County Mobile Home Park Ordinance.**

Are there any structures on the property that are to be removed or demolished? Yes___ No___

**If yes, explain in detail: _____

NOTE: The permit applied for with this application may be in a mapped Flood Hazard Area. Determination of whether you are in the Flood Hazard Area is not determined by evaluation, but where your property is located on the flood maps. Before you make any expenditure of funds, you are advised to check with the Craven County Planning and Inspections Department to be informed of any necessary requirements. Additionally, this property may contain designated wetlands. You are advised to check with the Army Corp of Engineers to be advised of any additional necessary requirements.

If permits are granted, I agree to conform to all applicable ordinances and laws of Craven County, the State of North Carolina, and applicable federal regulations that apply to the specifications of plans submitted for review. I hereby swear that the foregoing statements are accurate and correct to the best of my knowledge.

Owner/Applicant Signature  Date 3-21-03

Application Date: 3-23-05
Application Type Code: EH4

Application #: 05-694
Fees Paid? yes no Amount: 100.00
Appointment requested? yes no

Craven County

Planning and Inspections
2828 Neuse Blvd.
New Bern, NC 28562
Planning (252) 636-6618, fax (252) 636-5190
Inspections (252) 636-4987, fax (252) 636-4984

Type of Map Submitted
<input type="checkbox"/> Survey Plat to Scale 1" = no more than 60'
<input type="checkbox"/> Scaled Site Plan 1"= no more than 60'
<input type="checkbox"/> Unscaled site plan

SEPTIC TANK SYSTEM: NEW CONSTRUCTION/FLOW INCREASE or CHANGE IN USE/FOUNDATION INCREASE AFFECTING SYSTEM

Improvement Permit Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND/OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid either for 60 months or without expiration depending upon documentation submitted.

Applicant: Coastal Marketing + Dev. Co Owner: Mary R. Patten Et Al

Water Supply:

new well existing well public community well public, but well on site

New Construction

- House
- Modular home
- Manufactured home SW DW TW
- Business that generates only sewage
- Business that generates effluent other than sewage (e.g. Industrial Process Wastewater)
- Place of Public Assembly (describe) _____

* Residence will have <u>4</u> bedrooms and <u>4</u> persons.
The "footprint" of the building will be <u>50</u> ft. x <u>50</u> ft.

If business or place of public assembly, please list the factors (e.g. number of seats, number of employees, etc.) required to determine wastewater system design flow and effluent type by attaching the completed "Business & Place of Assembly Questionnaire."

- Flow Increase
- Change in Use of System (existing)
- Foundation Increase Affecting System

- House*
- Manufactured home SW DW TW
- Changes to Business or Place of Public Assembly that generate only sewage (describe) _____

* I will add _____ bedrooms for a total of _____ bedrooms and _____ persons. The "footprint" of the home <input type="checkbox"/> will (or) <input type="checkbox"/> will not increase by _____ ft. x _____ ft.

Mar 23 2005 11:28PM

CRAVEN CO. PLANNING & ZONING

Changes to Businesses that may generate effluent other than sewage (e.g. Industrial Process Wastewater) (describe)

If business or place of public assembly, please list the factors (e.g. Number of seats, number of employees, etc.) required to determine wastewater system design flow by attaching the completed "Business & Place of Assembly Questionnaire." Please include information on the original business/system and your proposed changes.

Please Indicate Desired System Type(s): (systems can be ranked in order of your preference)

Alternative [X] Conventional [] Innovative [] Modified Conventional [] Other (specify) []

The applicant shall notify the Craven County Health Department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes," applicant must attach supporting documentation.

Is there wastewater going to be generated on the site other than domestic sewage? [] yes [X] no

Are there any easements or rights-of-way on this property? [] yes [X] no

Are there any designated wetlands on this property? [] yes [] no

Are there any wells, springs, or existing water lines on this property? [] yes [X] no

Is this facility subject to approval by another public agency? [X] yes [] no

NOTE: You are advised to contact the appropriate building inspections department to obtain a zoning permit before applying for an Improvement Permit.

I CERTIFY THAT THERE ARE NO PROPOSED CHANGES IN THE PLAT OR SITE PLAN THAT WILL AFFECT THE PLACEMENT OF THE PROPOSED WASTEWATER SYSTEM. IMPROVEMENT PERMIT #:

Comments:

Other Federal, State and/or Local agencies may have rules, regulations or ordinances that affect the use of your property. You must comply with those rules, regulations or ordinances and restrictive covenants before building, locating or relocating a structure onto your property.

Applications will be returned to applicant if found to be incomplete, sites are not accessible for evaluation and/or property is not properly identified.

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete evaluation can be performed.

Signature [X] [Signature] Date 3-23-05

(*) [] Owner (or) [X] Owner's Legal Representative

(**) Signature of CP Employee Witness or Notary Public Signature Cherree Gibbs

* Must provide documentation to support claim as owner's legal representative
** The signature of the owner or owner's legal representative must be witnessed by a Central Permitting employee or a Notary Public.

Land Use Review

****To be completed by Planning Department****

1. Proposed development in floodplain? Yes No

If yes, flood disclosure statement must be signed by applicant.

2. Elevation Certificate required? Yes No

3. Engineering Certification required? Yes No

4. Flood Development Permit required? Yes No

5. AICUZ? If yes, what zone? _____ Yes No

6. Airport zoning? If yes, height restriction _____ Yes No

7. Property subject to CAMA setback? Yes No

If yes, what is the setback? _____ feet

8. Riparian Buffer required? Yes No

9. Other buffers required? Yes No

10. Setbacks required? Yes No

front _____ side _____ rear _____ side street _____

11. Wetlands? Yes No

12. Easements? Yes No

rear _____

front _____

side _____

If within an approved Subdivision or MHP, give name/phase: _____

Mobile Home Exemption form required? Yes No If yes, what is the relation to land owner? _____

Site Visit Required? Yes No

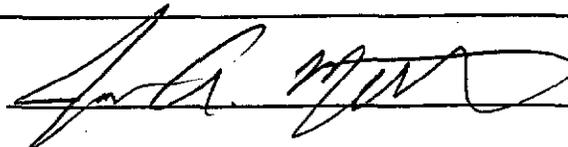
Comments: _____

IMPROVEMENT PERMIT FOR NEW SUBDIVISION. PERK TEST ONLY!

Approved? Yes No On hold

If not approved, explain the conditions needed for approval: _____

Planner Signature: _____



Date: _____

3/23/04

I have read and understand the above information.

Applicant Signature: _____

Date: _____