

PAMLICO COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

CERTIFICATE OF COMPLETION or () OPERATION PERMIT

ISSUED TO: Edwin Cahoon ON PERMIT# (REPAIR)
ADDRESS: Rt1, Box 233A RECORD #, _____
New Bern, NC MAP # F052-68
PHONE: _____ SR # _____
LOCATION: East side of 306

WATER SUPPLY: PUBLIC () PRIVATE: _____ feet from the septic system

INSTALLER: Verwan Baker CODE # 1

CERTIFIED OPERATOR: _____ CERT # _____

() ELECTRICAL INSPECTIONS APPROVAL RECEIVED: SEE FILE
() CONTRACT CERTIFIED OPERATOR RECEIVED: SEE FILE

OPERATIONAL PERMIT RESTRICTIONS AND STIPULATIONS:
() This system will be inspected _____ time(s) a year
() WATER CONSERVATION DEVICES OR METHODS REQUIRED: (LIST)

APPROVAL: This system has been inspected APPROVED as shown on the:
() PLOT PLAN OR () FINAL PLOT (SEE BELOW)
FOR A: () HOUSE () MOBILE HOME () OTHER _____
#BEDROOMS: 3 OR #FACTORS _____

FINAL INSTALLATION COMMENTS:
SEPTIC TANK # same LPP SYSTEM: ACTUAL DRAWDOWN = _____"
SEPTIC TANK DATE same ACTUAL RUN TIME = _____ MIN
PUMP TANK # _____ ACTUAL GAL/MIN = _____ GAL
PUMP TANK DATE _____ ACTUAL GAL/DOSE = _____ GAL
COMMENTS: 3 New lines 50' each installed

***** FINAL PLOT *****

THIS SYSTEM, WITH THE EXCEPTION OF THE TWO ITEMS LISTED BELOW, HAS BEEN CORRECTLY INSTALLED PRIOR TO THE EXPIRATION DATE OF THIS PERMIT. NO CERTIFICATE OF OCCUPANCY SHALL BE ALLOWED UNTIL THE FOLLOWING ITEMS HAVE BEEN COMPLETED. SEE "FINAL APPROVAL" SIGNATURE BELOW.

STILL NEEDED PRIOR TO FINAL APPROVAL:
() ELECTRICAL INSPECTION OF PUMP SET-UP BY BUILDING INSPECTOR
() CONTRACT WITH CERTIFIED OPERATOR PRESENTED

DATE _____

FINAL APPROVAL: ALL PARAMETERS OF THIS SYSTEM HAVE BEEN APPROVED.
[Signature] APPROVAL DATE June 10, 1993
ENVIRONMENTAL HEALTH SPECIALIST

THE OWNER OR CONTROLLER OF A PROPERTY IS RESPONSIBLE FOR THE MAINTENANCE OF A GROUND ABSORPTION SEPTIC SYSTEM IN A MANNER WHICH WILL NOT EMIT EFFLUENT TO GROUND SURFACE OR SURFACE WATERS. VIOLATIONS OF THIS LAW ARE PUNISHABLE AS A MISDEMEANOR UNDER G.S.130A-23&25. (Ref.1961)

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ADDRESS: Rt1, Box 233A RECORD #
New Bern, NC MAP # F052-68
PHONE: _____ SR # _____
LOCATION: East side of 306

WATER SUPPLY: (X) PUBLIC / (X) PRIVATE: 100 feet from the septic system

INSTALLER: Vernon Baker CODE # 1

CERTIFIED OPERATOR: _____ CERT # _____

() ELECTRICAL INSPECTIONS APPROVAL RECEIVED: SEE FILE
() CONTRACT CERTIFIED OPERATOR RECEIVED: SEE FILE

OPERATIONAL PERMIT RESTRICTIONS AND STIPULATIONS:
() This system will be inspected _____ time(s) a year
() WATER CONSERVATION DEVICES OR METHODS REQUIRED: (LIST)

APPROVAL: This system has been inspected APPROVED as shown on the:
(X) PLOT PLAN OR () FINAL PLOT (SEE BELOW)
FOR A: (X) HOUSE () MOBILE HOME () OTHER _____
#BEDROOMS: 3 OR #FACTORS _____

FINAL INSTALLATION COMMENTS:
SEPTIC TANK # _____ LPP SYSTEM: ACTUAL DRAWDOWN = _____ "
SEPTIC TANK DATE _____ ACTUAL RUN TIME = _____ MIN
PUMP TANK # _____ ACTUAL GAL/MIN = _____ GAL
PUMP TANK DATE _____ ACTUAL GAL/DOSE = _____ GAL
COMMENTS: _____

***** FINAL PLOT *****

THIS SYSTEM, WITH THE EXCEPTION OF THE TWO ITEMS LISTED BELOW, HAS BEEN CORRECTLY INSTALLED PRIOR TO THE EXPIRATION DATE OF THIS PERMIT. NO CERTIFICATE OF OCCUPANCY SHALL BE ALLOWED UNTIL THE FOLLOWING ITEMS HAVE BEEN COMPLETED. SEE "FINAL APPROVAL" SIGNATURE BELOW.

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2 1/2 mile toward Arizona take
Baker's left

PAMLICO COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
BAYBORO, NORTH CAROLINA 28515

IMPROVEMENTS PERMIT
Permit valid for 5 years

ISSUED TO: Edwin Cahoon PERMIT #(REPAIR) _____
ADDRESS: Rt1, Box 233A 2057 RECORD # _____
New Bern, NC MAP # F052-68
REGISTERED PLAT: MAP BOOK _____ PAGE _____ DATE _____
REGISTERED DEED: DEED BOOK _____ PAGE _____ DATE _____
SUBDIVISION: _____ LOT # _____
TOWN: Arapahoe SR # 306
LOCATION DIRECTIONS East of 306

THIS PERMIT IS HEREBY ISSUED TO SERVE A:

HOUSE (X) MOBILE HOME () OTHER () _____
#BEDROOMS: 3 #FACTORS _____

WATER SUPPLY: (X) PUBLIC
OR (X) PRIVATE 100 feet from any part of septic system

SITE CLASSIFICATION: () SUITABLE (X) PROVISIONALLY SUITABLE

LAND DRAINAGE: () SUGGESTED () NECESSARY
() DITCH NECESSARY () SUB-SURFACE TILE NECESSARY set _____ deep
and () TRENCH ROCKED TO WITHIN 1' OF GROUND SURFACE
and () WITH POLYURITHANE CURTAIN; FRENCH DRAIN
and () FINISHED AT OUTFALL W/ SOLID PIPE & SCREEN
and () FINISHED AT OUTFALL W/ CHECK VALVE

*** If land drainage is necessary, you may need to contact CAMA or
The Army Corps of Engineers for appropriate Permits

DESIGN: () LOCATION OPTIONAL () LOCATION AS SPECIFIED ON PLOT PLAN
() CONVENTIONAL SYSTEM:(ref.1955) 18"X 3'trench, rock 12"deep
nitrification lines on 9' centers
(XXX) SHALLOW SYSTEM:(ref.1956) trench 36" wide, rock 12"deep,
*** add fill = 6" soil cover, rock to natural ground surface
() MOUND SYSTEM:(ref.1950b) trench 18" deep & _____" wide in
suitable fill extending _____' beyond any part of system
*** _____ = depth of FILL; pump necessary if unable to gravity feed
*** If fill material is prescribed, you may need to contact The Army Corps
of Engineers or CAMA for appropriate permits.
() LPP SYSTEM:(ref.1957) see comments for design criteria
() BED SYSTEM:(ref.1955d) see comments for design criteria
() OFF-SITE DISPOSAL:(ref.1957) see comments for design notes

1000 gal SEPTIC TANK _____ gal PUMP TANK () GREASE TRAP
450 SQUARE FEET NITRIFICATION FIELD or NITRIFICATION BED
150 LINEAR FEET NITRIFICATION LINE; 3-(50') or (')

(XX) COMMENTS: GENERAL:
As shallow as possible

() COMMENTS: MOUNDED SYSTEM: HEIGHT = _____"
BASAL AREA : _____' X _____'
CROWN AREA: _____' X _____'

() COMMENTS: LOW PRESSURE PIPE SYSTEMS:
 PUMP AND SEPTIC TANKS TO BE WATERTIGHT WITH RISERS ON ALL CHAMBERS
 PUMP SETUP: CHECK VALVE, GATE VALVE, THREADED UNION IN PLACE IN SUPPLY
 LINE SET-UP, PUMP TO ACCOMMODATE GAL/MIN @ FT TOTAL HEAD.
 ON-OFF FLOAT SET FOR INCH DRAWDOWN & AT ABOUT 2" ABOVE PUMP TO
 ALLOW PUMP TO REMAIN SUBMURGED. SET ALARM 1" ABOVE ON-OFF FLOAT TO
 ALLOW MAXIMUM STORAGE CAPACITY. (APPROXIMATELY 24 HR STORAGE)
 NITRIFICATION FIELD: SUPPLY LINE = " SCH 40 PVC PIPE. LATERALS =
 1 1/4" SCH 40 PVC PIPE SET ON ' CENTERS. TRENCHES " WIDE
 WITH " ROCK DEPTH. HOLES TO BE NO CLOSER THAN ' FROM ENDS.
 PLACE / " HOLES ON ' CENTERS = HOLES PER LINE. TURN-UPS
 @ ENDS OF LATERALS NECESSARY. REPAIR AREA ON ' CENTERS.
 ELECTRICAL INSPECTION BY BUILDING INSPECTOR NECESSARY FOR PUMP.
 SYSTEM IS SET FOR GAL/DOSE WITH RUN TIME = MINUTES.

ADDITIONAL FOR ALL SYSTEMS:

LANDSCAPE SYSTEM AREA FOR SURFACE WATER RUNOFF AND GRASS
 DO NOT PLACE DRIVE OR ANY BUILDING OVER SYSTEM AREA

OBSERVE ALL PROPER SETBACKS: ref .1950

TANKS MUST BE PUMPED CLEAN AS A PART OF ANY SYSTEM REPAIR.

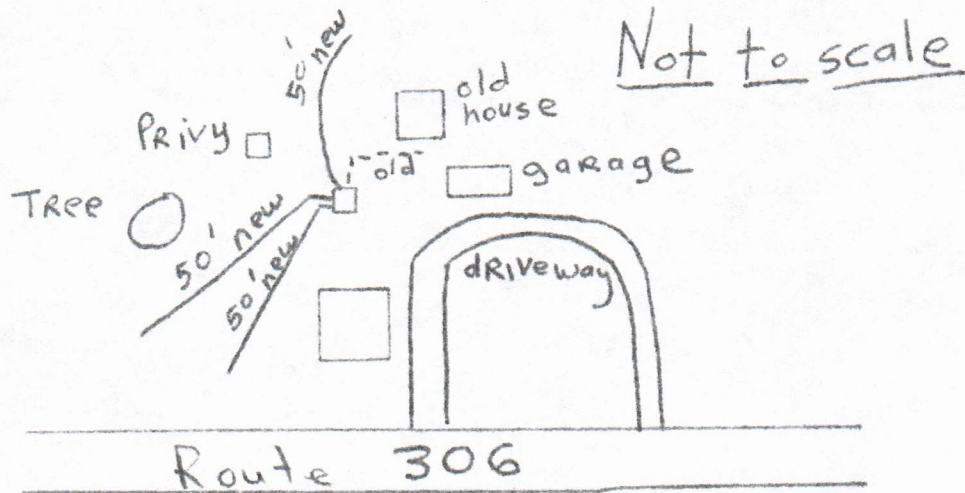
DISC NATURAL GROUND BEFORE INSTALLATION OF ANY FILL

ALARM & ON-OFF FLOATS ON PUMPS MUST BE ON SEPARATE CIRCUITS

- * IF BUILDING AREA EXTENDS INTO SYSTEM AREA THIS PERMIT WILL BE INVALID
- * IF ANY OTHER REGULATORY AGENCY DENIES PERMITS FOR LAND ALTERATIONS AS DESCRIBED HEREIN, THIS PERMIT WILL BE INVALID

PLOT PLAN MUST NOT BE ALTERED UNLESS BY SANITARIAN APPROVAL

***** PLOT PLAN *****



D. H. A. *S. R. A.*
 ENVIRONMENTAL HEALTH SPECIALIST

DATE 6-8-93

ALL SEPTIC SYSTEMS MUST BE INSPECTED & RECEIVE APPROVAL BY THE LOCAL HEALTH DEPARTMENT BEFORE BEING COVERED OR PLACED INTO USE AND NO ELECTRICAL CONNECTION SHALL BE ALLOWED UNTIL APPROVAL HAS BEEN RECEIVED. (GS 130A)

A PLOT PLAN (TO SCALE) SHOWING ALL BUILDINGS, DRIVEWAYS, WATER LINES & SEPTIC SYSTEM LOCATIONS MUST BE APPROVED BY THE ENVIRONMENTAL HEALTH DEPARTMENT PRIOR TO RECEIVING A BUILDING PERMIT.

COPY

PAMLICO COUNTY HEALTH DEPARTMENT, ENVIRONMENTAL HEALTH SECTION

APPLICATION FOR LOT INSPECTION

June 2, 1993

RECORD # _____ LOT MARKER # _____

APPOINTMENT REQUESTED: () YES

APPLICATION DATE: May 25 19 93

APPLICANT'S NAME: Mr. Edwin Caboone

ADDRESS: Route 1 Box 233A
New Bern, NC

TELEPHONE #: DAYTIME: () 445-4712

PROPERTY OWNER'S NAME: _____

PROPERTY MAP # : _____

TYPE OF INSPECTION REQUESTED

DWELLING TYPE

() NEW

() HOUSE

() EXISTING SYSTEM

() MOBILE HOME

() FLOW ADDITION

_____ PROPOSED # BEDROOMS

() REPAIR (*NO CHARGE)

() OTHER: _____ FACTOR: _____

WATER SUPPLY: () COUNTY/PUBLIC OR () PRIVATE WELL

PROPERTY DIMENSIONS: _____

ARE THERE 404 DESIGNATED WETLANDS ON THIS PROPERTY? () YES , () NO

IF THE SITE HAS AN EXISTING SYSTEM IS IT CURRENTLY IN USE? _____

IF NO, HOW LONG HAS THE SYSTEM BEEN OUT OF USE? _____ YR _____ MO.

HAS THE P.C. HEALTH DEPARTMENT EVER BEEN TO THIS SITE BEFORE? _____

IF YES, FILE NAME: _____

LOCATION INFORMATION

CLOSEST TOWN: Grantsboro SR# 3065

1/2 miles from Grantsboro, right
story house on left side of 306

SUBDIVISION NAME: _____ LOT # _____

A Backing up in house