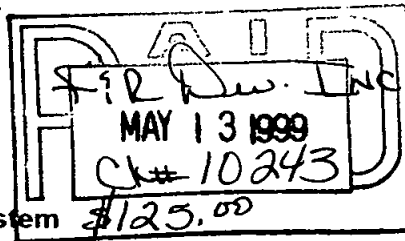


Brunswick County Health Department
Environmental Health Section
Alternative Sewage Treatment and Disposal System



Application # 96/44029 P
Tax Parcel # 23200016 +
System Type - 232C005
IVa

AUTHORIZATION TO CONSTRUCT

FOR WASTEWATER COLLECTION, TREATMENT, AND DISPOSAL SYSTEM

In accordance with the provisions of Article 11 of Chapter 130A, General Statutes of North Carolina as amended,
AND other applicable Laws and Rules

PERMISSION IS HEREBY GRANTED TO

Owner Dona Mahler
Address 948 Sassafras Home Rd
Phone 842-8162

to construct, install a sewage treatment and disposal system as described below:

To Serve: Residential # Bedrooms Commercial # Employees 6 Max. Occupancy 39 children

Comments, Description: Day Care

SUBDIVISION LOT BLOCK SECTION

ADDRESS/LOCATION: Tract one & Two see combination

The system components consists of: Type system - IVa
Design Flow - 735 gpd
Description -

- I. COLLECTION SYSTEM: CONVENTIONAL PLUMBING
(MUST COMPLY WITH ALL APPLICABLE STATE AND LOCAL PLUMBING CODES)
- II. TANKAGE: A. GREASE TRAP GALLONS CAPACITY
2 B. SEPTIC TANK(S) 1250 GALLONS CAPACITY
C. PUMP TANK 1750 GALLONS CAPACITY
D. OTHER: N/A

ALL TANKS, FORCE MAINS, PRESSURE LINES TO BE LEAK TESTED AND CERTIFIED BY APPROPRIATE PARTIES.

ACCESS RISERS REQUIRED ON ALL INSPECTIONS & SERVICE HATCHES ON TANKS-RISERS TO EXTEND 4-6" ABOVE FINISHED GRADE

- III. PUMP CHAMBER/DOSING TANK: 1750 gallons
- A. DOSING PUMP(S): SIZE, MAKE, MODEL #: myars SRM4 4/10 horsepower or 45 gpm at 9' head
NUMBER OF PUMPS REQUIRED: one
- B. DISCHARGE PIPING: SIZE: 2 INCH MATERIAL: SCH 40 PVC GATE VALVES: YES, INTERNAL
CHECK VALVE: YES UNION/DISCONNECT: YES (PVC) LIFT CHAIN OR ROPE: YES, NON-CORROSIVE
ANTISIPON HOLE: YES (3/16IN.) H-CONNECTION:
- C. DOSE VOLUME: 184 DRAW DOWN DEPTH: 5 INCHES
- IV. DOSING MAIN: SIZE: 2 INCH MATERIAL: SCH 40 PVC VALVING:
- V. CONTROL PANEL: TYPE: Automated Control Systems # B2675SFB or equal
TO INCLUDE: NEMA 4X ENCLOSURE, MANUAL DISCONNECTS/BREAKERS FOR PUMP AND ALARM (SEPARATE CIRCUITS FOR PUMP AND ALARM), H-O-A SWITCH, ALARM (AUDIBLE AND VISIBLE)
SIMPLEX DUPLEX WITH ALTERNATOR AND ELAPSED TIME COUNTERS / EVENT COUNTERS
FLOATS: ON OFF ALARM LAG

(MUST COMPLY WITH ALL APPLICABLE STATE AND LOCAL ELECTRICAL CODES)

- VI. DISPOSAL FIELD: LTAR TRENCH DEPTH
- A. CONVENTIONAL: SIZE: SQ. FT. #FIELDS: #LINES:
LENGTH OF LINES: TRENCH WIDTH:
PRESSURE HEAD
PRESSURE MANIFOLD: SIZE: SCH TAP SIZE: SCH
CLEANOUTS: YES, EACH SIDE MANIFOLD (Glued Fittings)

Comments: filter fabric over all lines / trenches

- B. LOW PRESSURE PIPE: SIZE: sq. ft. #FIELDS: 1 #LATERALS: 4

1470

SIZE MANIFOLD: 3" SCH 40 SCH 80 TRENCH WIDTH: 18"
 HOLE SPACING: 5'
 SIZE HOLES: 7/32 CLEANOUTS: VALVING: PRESSURE HEAD: 2 FT
 SIZE LATERAL PIPES: 1/4 inch SCH 40 SCH 80 SDR
 ADDITIONAL COMMENTS: filter fabric over all rock trenches, 4 inch sleeve (holes down) for all laterals, 1st and last hole down for laterals – all others up in sleeve.

VII. APPURTENANCES TO SYSTEMS:

- A. SUBSURFACE DRAINAGE: TYPE: N/A DEPTH: _____
 INSTALLER: _____
- B. AREA FILL: FILL DEPTH: _____ MATERIAL: _____
 See fill plan for exact details SIZE OF BASAL AREA: _____ WIDE x _____ (LONG)
- C. LANDSCAPE EACH SITE AS NEEDED. ALL SITES SHALL BE LANDSCAPED SUFFICIENT TO PROVIDE SURFACE RUNOFF AND TO PREVENT PONDING OF RAIN OR OTHER SURFACE WATERS.
- D. COMMENTS, SITE MODIFICATIONS, ETC., Bar No Driving over system / repair Area

The Owner shall be subject to the following conditions, limitations, and construction requirements for the installation of this system:

1. This authorization is effective only with respect to the specific design flow and facilities, and the nature and volume of waste described in the Permit Application, and other supporting data.
2. This permit is not transferable and must be reapplied for at such time as ownership, or management changes.
3. The designated repair area is to have no parking, driveways, or other impervious material located on it. This area is to be protected, reserved and maintenance in a natural state.
4. All subsequent owners of this property and sewage system, shall execute a contract between the owner and an approved management entity before the operations permit is issued. Management of the sewer system to be provided at all times.
5. All contracts between owners, management entity (Public or Private), or Health Dept. shall be reviewed and approved before being accepted.
6. A properly certified Operator shall be provided as indicated:
 Certified Subsurface System Operator Yes

The issuance of this permit does not preclude the permittee from complying with any and all statutes, regulations, or ordinances which may be imposed by other government agencies which have jurisdiction, or any other permits issued by this department.

7. This authorization shall be valid for 60 months from the date of issue. The authorization shall become invalid if the information submitted in the application was falsified or changed, if the permit was based on inaccurate or incomplete information, or if the designated site is altered, or expiration of this authorization, a new application shall be submitted to the BCHD with updated information, as may be applicable or requested.
8. **** A PERMANENT BARRIER SHALL BE PROVIDED AND IN PLACE AROUND THE SYSTEM/REPAIR AREA BEFORE THE OPERATIONS PERMIT IS ISSUED.**
9. ALL APPLICABLE SETBACKS SHALL BE MAINTAINED, NO IRRIGATION SYSTEMS, STORM WATER PONDS / BASINS, SURFACE/SUBSURFACE DRAINAGE SHALL BE LOCATED IN THE AREA OF THE WASTEWATER SYSTEM OR ITS REQUIRED SETBACKS.

INSTALLATION REQUIREMENTS

1. The installer shall be currently registered with this department.
2. A pre-installation conference is to be held on the site prior to beginning any site modification or construction of the proposed structure or the sewage collection, treatment, and disposal system. Attending these conferences shall be representatives of the State of Local Health Department; project engineer or designer; contractor; builder; proposed system operator/installer; and the owner or his authorized agent.
3. The contractor shall be responsible for notification of the engineer and the BCHD for system inspection in stages as required and prior to backfilling any portion of the system. No portion of the system shall be backfilled or placed into use without prior approval of the BCHD.

4. The system shall be installed in accordance with the approved set of plans and specifications. Any deviation in site modifications, plans, specification, layout, materials or other system component shall be approved by the design engineer and the Brunswick County Health Department prior to installation of the system. Failure to do so may result in delay or refusal of final approval of the system, and may render the Permit null and void.
5. The system shall be installed in a timely manner and staged so as to avoid unnecessary exposure to weather.
6. The location and identification of all property lines, easements, water lines, and other appropriate utilities shall be the responsibility of the installer.
7. Other: _____

OPERATION PERMIT REQUIREMENTS

1. An Operation Permit shall be issued by the BCHD prior to placing the system into use, or making any connections to the system.
2. Prior to issuance of the Operation Permit:
 - the system shall be completed, installed, and tested in accordance with the approved design, including proper abandonment of tanks existing wells, and other components,
 - final landscaping, water diversion devices, and vegetative cover requirements and pressure adjustment shall be completed,
 - the engineer or applicable responsible parties shall submit as-built plans to the BCHD, the plans shall reflect any changes or alterations from the as-approved plans.
3. For systems that have been engineered, the design engineer shall certify in writing to the Brunswick County Health Department, that he has inspected the installation and that it has been installed according to the approved plans and specifications.
 - Any necessary easements, plats, or documents shall be recorded with the Register of Deeds and copies submitted to the BCHD,
 - The owner and a Public Management Entity/Subsurface System Certified Operator shall execute a contract which addresses all of the requirements for maintenance, monitoring, and reporting in Section .1961 and the requirements of the Schedule of Operation and Maintenance to be a part of the Operation Permit for the facility. Provisions of said contract shall be in effect for as long as the system is in use.

NOTICE OF EXPIRATION—THIS AUTHORIZATION EXPIRES 5 YEARS (60 MONTHS) FROM DATE OF ISSUE. IF EXPIRATION OCCURS, THE CLIENT SHALL COMPLY WITH ALL CHANGES IN APPLICABLE REGULATIONS, LAWS, TECHNICAL ASPECTS, ETC., THAT MAY BE EFFECTIVE AT THAT TIME. (THIS MAY REQUIRE ADDITIONAL PREPARATION, MORE COMPLEX WASTEWATER SYSTEMS. OPERATION AND MAINTENANCE REQUIREMENTS, PRE-TREATMENT, ETC. THIS COULD RESULT IN LESS AREA FOR THE HOME, PARKING, LOWER WATER USAGE AND FURTHER DEVELOPMENT LIMITATIONS.

BRUNSWICK COUNTY HEALTH DEPARTMENT ALTERNATIVE SYSTEM IMPROVEMENTS

PERMIT/OPERATION PERMIT

BCHD # 96/44029F

Plan review by Ch DATE 4-30-99 Approved 5-12-99
 Site evaluation by: Ch + L. Ellis DATE 5-12-99
 Site modifications, completed and inspected by N/A DATE _____

**AUTHORIZATION TO CONSTRUCT ISSUED THIS 12th DAY
 OF May, 1999.**

**BRUNSWICK COUNTY HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH DIVISION**

Clay Hadden R.S.