

0865-00-52-3492 ;
PIN 0865-00-52-4354

CDP #
444003

PERMIT NUMBER 0008

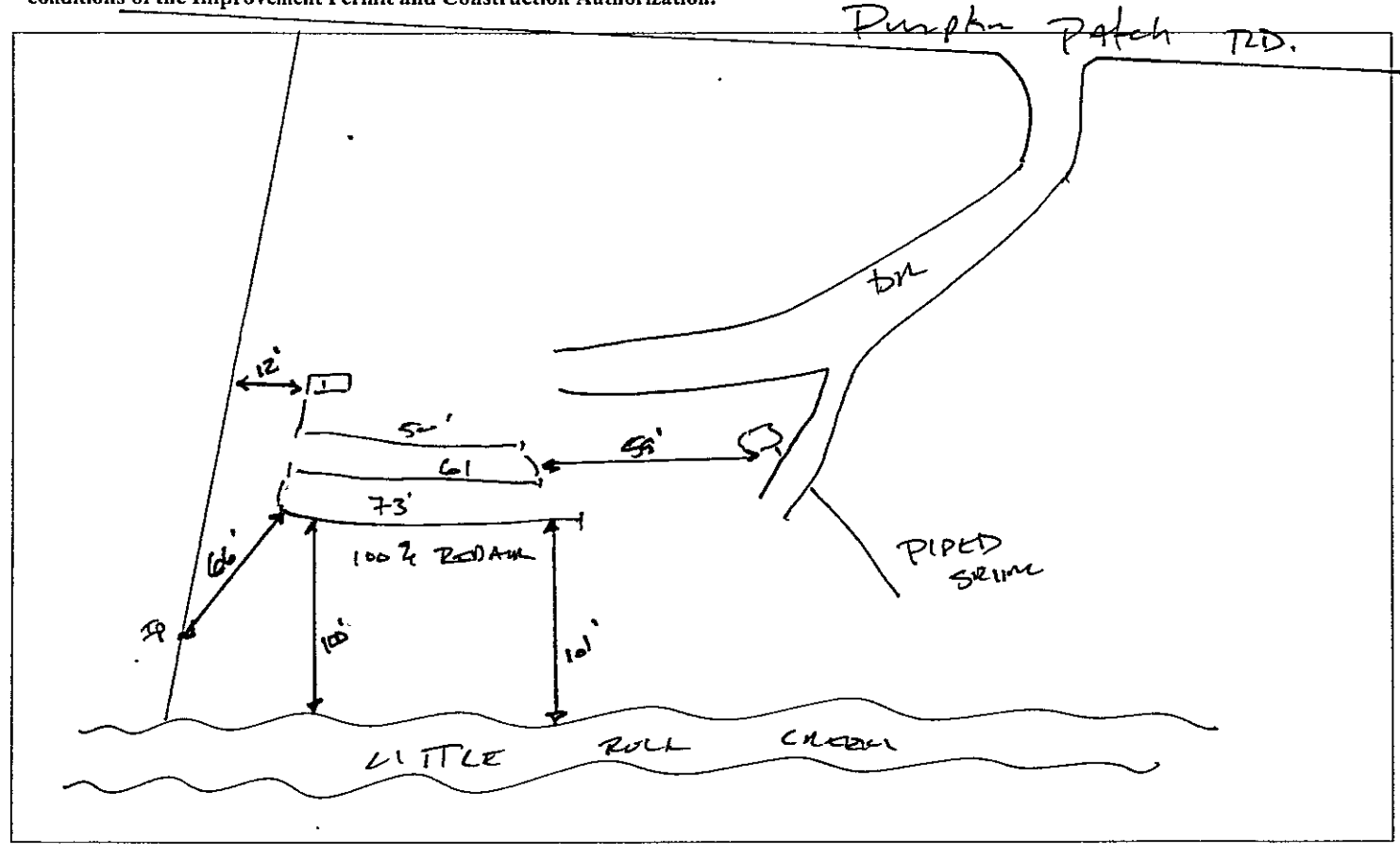
Toe River Health District Operation Permit

SPECIFIC SYSTEM INSTALLED: Quick 4' INFILTRATOR WITH INFILTRATOR TANK

System Type: IIIg Types V and VI systems expire in 5 years. (In Accordance With Table Va) - Owner must contact health department 6 months prior to expiration for permit renewal.

<u>Douglas Jordan</u> Owner's Name	<u>Pumpkin Patch Road in RLWT</u> Property Address / Subdivision / Lot Number	<u>2.61 AC.</u>
<u>F. M. Jr</u> Authorized State Agent	<u>Mark Buchanan #1486</u> System Installer	<u>5-11-2023</u> Date

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

Other: _____

Subsurface system operator required? Yes ___ No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: _____

V. Other: _____

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RS *FWAC*

TOE RIVER HEALTH DISTRICT
IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION

Permit Number 0008

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Douglas Jordan

PROPERTY LOCATION: Pumpkin Patch Rd 2.61 ac

New Repair Expansion
Type of Structure: 3BR home
Proposed Wastewater System Type: IIIg
Projected Daily Flow: 360 GPD
Number of bedrooms: 3 Number of Occupants: 2
Basement Yes No
Pump Required: Yes No May be required based upon final location and elevations of facilities
Type of Water Supply: Proposed well

Site Improvements required prior to Construction Authorization Issuance:
GRAVEL DRIVE w/ SPRING DITCHED

Permit valid for: Five years
 No expiration

Permit conditions: INSTALL ON CENTER 50' FROM PIPED SPRING 50' FROM
CANCEL. BASEMENT DIRT SHOULD BE GRADED OFF OR PUSHED AWAY FROM
SEPTIC AREA. ADD POWDERED LIME TO SIDEWALLS OF TRENCH

Authorized State Agent: [Signature] Date: 7-21-2022

See Attached site sketch

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization
(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Douglas Jordan

PROPERTY LOCATION: Pumpkin Patch Rd

Facility Type: 3BR New Expansion Repair
Basement? Yes No Basement Fixtures? Yes No
Type of Wastewater System** IIIg 252 RCD. (Initial) Wastewater Flow: 360 GPD
(See note below, if applicable) IIIg 252 RCD. (Repair)

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench Length: 180' feet Trench Spacing: 9' Feet on Center
Pump Tank Size: N/A gallons Trenches shall be installed on contour at a Maximum Trench Depth of: 24" inches (Trench bottoms shall be level to +/- 1/4" in all directions) Soil Cover: 6 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
Pump Requirements: N/A ft. N/A GPM Aggregate Depth: N/A inches below pipe N/A inches above pipe N/A inches total

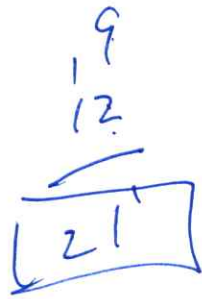
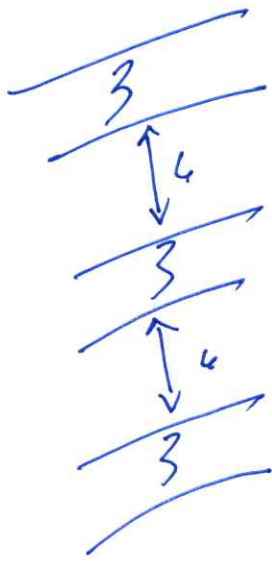
Conditions: MAINTAIN 50' FROM SPRING & PIPE ADD POWDERED LIME
TO TRENCH SIDEWALLS AFTER BACKFILL.

****If applicable:**
I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.
Owner/Legal Representative Signature: _____ Date: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

Authorized State Agent: [Signature] Date of Issuance: 7-21-2022 See Attached site sketch
Construction Authorization Expiration Date: 7-21-2027 PAGE 1 OF 2

mark 828-209-1093



PIN 0865-00-52-3492

PERMIT NUMBER 0008

0865-00-52-4356

Toe River Health District Site Sketch

Improvement Permit Only! - No building permit to be issued Improvement Permit & Construction Authorization

Douglas Jordan
Applicant's Name
[Signature]
Authorized State Agent

Pumpkin Patch Road 2.61 Ac
Subdivision/Section/Lot #
7-21-2022
Date

System components represent approximate contours only! The contractor must flag the system prior to beginning installation to insure proper grade is maintained!

