11-1-04 CPR

PERMIT IS SUBJECT TO REVOCATION IF SITE PLANS OR INTENDED USE CHANGE

WARREN COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

544 ~~720~~ WEST RIDGEWAY STREET
WARRENTON, NC 27589
PHONE (252) 257-1538
FAX (252) 257-4460

( ) Suitable
(✓) Provisionally Suitable
( ) Upgrading of existing system
( ) Repair of existing system
( ) Pump system

Permit No. 4628
Fee $150.00
Paid 9-8-04

1:30 2PM

IMPROVEMENT PERMIT

Owner SANDRA MURPHY Phone #: 252-767-6945

Address 2741 US 1 Hwy 158 HENDERSON NC

Subdivision Name _____ Lot # _____ Block # _____ Section # _____

Directions to lot (RPR#) FROM H D SR# 1107 TL SR# 1118 ON 2.5 ON LEFT
BOYDS BEFORE STOP SIGN

Application Date 9-8-04

— Improvement permit with scale drawing on plat is valid without expiration

IMPROVEMENT PERMIT APPROVAL

Date 9-27-04 Marshall Brothers RS
Environmental Health Specialist

✓ Improvement permit with site plan is valid for 60 months

CONSTRUCTION AUTHORIZATION

Original Deed Date _____ Land Use MH # of bedrooms 3 # of people 6 MAX'D

Water Supply COUNTY WATER Distance from well and/or water lines 100'/10'

Well installed at time of inspection ( ) Yes ( ) No

Dist. from septic system _____

Design daily flow of sewage 360 gals.

Kitchen garbage grinder NO Other _____

Septic tank capacity 1000 gals.

Nitrification field 1110 / 833 Sq. Ft. (GRAVEL / INNOVATIVE 25% REDUCTION)

Maximum trench depth 24 inches

Artificial drainage required NO
(if yes, see attached plan)

CONSTRUCTION AUTHORIZATION APPROVAL

Date 9-27-04 Marshall Brothers RS
Environmental Health Specialist

***CONSTRUCTION AUTHORIZATION IS VALID FOR 5 YEARS FROM DATE OF ISSUE**

COMMENTS: (1) RUN TRENCHES 3' WIDE AND AT LEAST 9' ON CENTERS (2) RUN LINES CONTOUR TO SLOPE 3) RUN LINES OF EQUAL LENGTH (4) EFFLUENT FILTER REQUIRED 5) TANK MARKERS/RISERS NECESSARY 6) IF TANK LOCATION IS SPECIFIED ON SITE PLAN SEPTIC PERMIT-HOUSE, MH OR STRUCTURE TO BE PLUMBED ACCORDINGLY. 7) INSTALL INITIAL SYSTEM IN DESIGNATED AREA

THE SEPTIC TANK SYSTEM AND OTHER IMPROVEMENTS THAT ARE MADE SHALL BE INSTALLED AS SHOWN IN THE SITE SKETCH PLAN. NO CHANGES SHALL BE MADE WITHOUT APPROVAL FROM THE HEALTH DEPARTMENT.

ANY VARIATIONS FROM THE CONDITIONS AND REQUIREMENTS PREVIOUSLY DESCRIBED WILL VOID THE PERMIT. THIS IS AN OFFICIAL DOCUMENT. PLEASE RETAIN WITH OTHER VALUABLE PAPERS.

***DO NOT LANDSCAPE LOT BEFORE HEALTH DEPARTMENT APPROVAL. DO NOT LOCATE DRIVEWAYS, PARKING AREAS, OR OTHER BUILDINGS OVER SEPTIC TANK SYSTEM. LANDSCAPE AREA OVER SEPTIC TANK SYSTEM TO PREVENT PONDING OF WATER. SEED WITH GRASS TO HELP PREVENT SOIL EROSION AND TO IMPROVE EVAPOTRANSPIRATION.**

OPERATION PERMIT

OPERATION PERMIT APPROVAL

DATE 10-27-04 Marshall Brothers
ENVIRONMENTAL HEALTH SPECIALIST

CONTRACTOR: WADDELL BACKHOE

NOTE: THE SEPTIC TANK, AND NITRIFICATION FIELD MUST BE INSPECTED BY A REPRESENTATIVE OF THE HEALTH DEPARTMENT BEFORE THEY ARE COVERED.

THE SIGNING OF THIS CERTIFICATE SHALL INDICATE THAT THIS SYSTEM HAS BEEN INSTALLED IN COMPLIANCE WITH THE CURRENT LAW & RULES FOR SANITARY SEWAGE COLLECTION, TREATMENT AND DISPOSAL SET FORTH IN ARTICLE 11 OF GENERAL STATUTE 130A. SECTION. 1900 OF THE NORTH CAROLINA ADMINISTRATIVE CODE TITLE 10, HEALTH SERVICES. ENVIRONMENTAL HEALTH SUBCHAPTER 10A SANITATION AND SHALL IN NO WAY BE A GUARANTEE THAT THE SEPTIC TANK SYSTEM WILL FUNCTION SATISFACTORILY FOR ANY GIVEN PERIOD OF TIME.

WHITE - OWNER'S COPY - YELLOW - HEALTH DEPT. COPY - PINK - INSPECTION DEPT. COPY

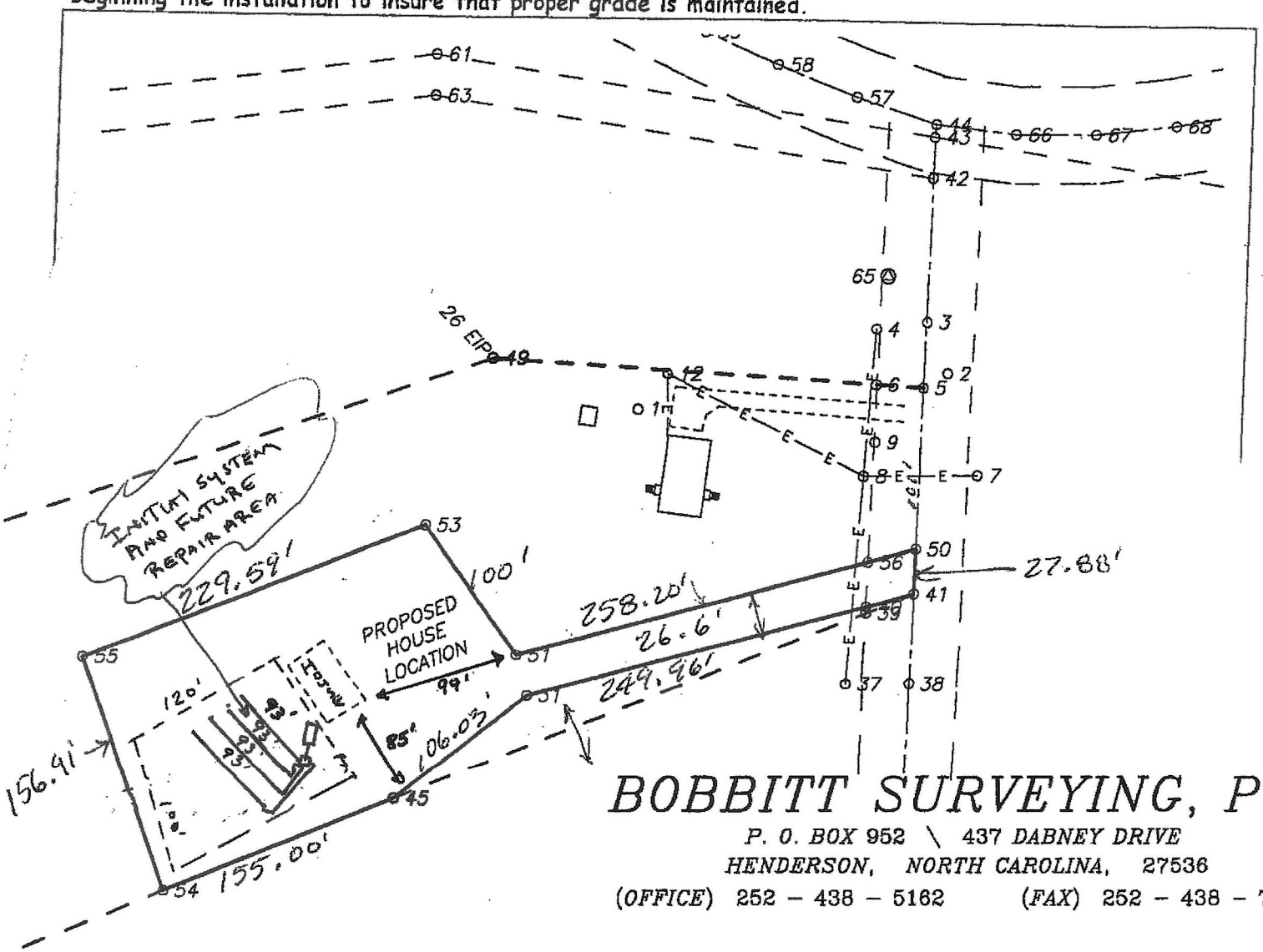
WARREN COUNTY ENVIRONMENTAL HEALTH SECTION

SITE PLAN/SYSTEM LAYOUT

Applicant SANDRA MURPHY Subdivision/Lot# SR# 1118

Authorized State Agent M. BROTHERS Date 9-27-04

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



BOBBITT SURVEYING, P.A

P. O. BOX 952 \ 437 DABNEY DRIVE

HENDERSON, NORTH CAROLINA, 27536

(OFFICE) 252 – 438 – 5162 (FAX) 252 – 438 – 749

"PRELIMINARY PLAT"

NOT FOR SALES, RECORDING, OR CONVEYANCES.

PROPOSED PRIVATE SEPTIC SYSTEM AND TAP ONTO THE COUNTY WATER SYSTEM.

CONDITIONS OF THE PERMIT

Linear feet of conventional trench 370 Linear feet of 25% reduction trench 278 # of panels/bundles _____

Maximum trench depth 24 SETBACKS: House foundation-5 ft; Basement-15ft; well- 100 ft

Property line _____ ft; Stream/Lake-50ft; Gully-15ft; water pipe-10ft; Other _____

Trenches on 9-ft centers, 3-ft wide, on contour, and installed in area shown.

WARREN COUNTY HEALTH DEPARTMENT
OPERATION PERMIT CHECKLIST

1. **LOCATION AND SEPARATION DISTANCES** ✓
   - A) System meets .1950 setback requirements _____
   - B) Distance from system to any wells County
   - C) Distance from septic tank to foundation 9'
   - D) Distance from system to all property lines 10' plus

2. **SEPTIC TANK**
   - A) Visually inspect the exterior walls and top of the tank ✓
   - B) Visually inspect the interior walls, baffle, tee, lids, air vent, Bottom, and water tight outlet ✓
   - C) Date of tank manufacture 6-15-04
   - D) Liquid capacity of tank 1000 gallons
   - E) Tank level Yes ✓ No _____

   Ellis STB 789

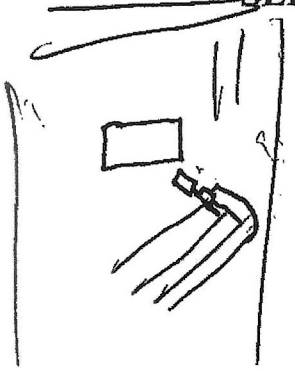
3. **SUPPLY LINE TO TRENCHES**
   - A) Grade Okay Yes ✓ No _____
   - B) Supply line material SCH 40
   - C) Diameter 4"
   - D) Length _____
   - E) Distance from tank to drainfield/distribution device 5'

4. **DISTRIBUTION DEVICE (S)**
   - A) Type CONCRETE ✓
   - B) Is Device water tight ✓
   - C) Minimum of 2 feet undisturbed earth to trench ✓
   - D) Proper center to center trench spacing maintained? ✓
   - E) Is the device on a solid foundation ✓ All outlet inverts properly adjusted ✓

5. **NITRIFICATION FIELD**
   - A) Trench depth 24 inches
   - B) Trench width 36 inches
   - C) Trench spacing (6 OC) 5 OC Other _____
   - D) Number of trenches 4
   - E) Length(s) of trenches 93' EA
   - F) Aggregate depth 12 inches Yes _____ No _____
   - G) Aggregate material: ROCK ✓ SYNTHETIC _____ CHAMBER _____
   - H) Trench elevations (record on reverse of sheet)
   - I) Step downs
     - a. Minimum of 2' of undisturbed earth _____
     - b. Proper rise over step down _____
     - c. Solid pipe used _____
     - d. Elevations of step downs _____(Record elevations and show on as built)

LASER

SEE "as built" plan on attached sheet.



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