



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/23/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Wade Associates, LLC 250 Pollock St. New Bern NC 28560	CONTACT NAME: Angela Sensenig PHONE (A/C, No, Ext): (252) 631-5269 E-MAIL ADDRESS: asensenig@wadeict.com FAX (A/C, No): (252) 649-2443
INSURED Central Carolina Soil Consulting PLLC 1900 S. Main St. Ste. 110 Wake Forest NC 27587	INSURER(S) AFFORDING COVERAGE INSURER A: Markel Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 38970

COVERAGES**CERTIFICATE NUMBER: 23-24****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N ☐ N / A						PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Errors and Omissions/ Professional Liability			ME0112305	2/1/2023	2/1/2024	General Aggregate \$3,000,000 Each Occurrence \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION*****FOR INFORMATIONAL PURPOSES ONLY***XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

N Whitsett/RACHEL

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

HELEN WOLSTENHOLME • Interim Deputy Secretary for Health

MARK T. BENTON • Assistant Secretary for Public Health

Division of Public Health

**COMMON FORM FOR AUTHORIZED ON-SITE WASTEWATER EVALUATOR PERMIT OPTION
FOR NON-ENGINEERED SYSTEMS**

See Instructions for Use in Appendix A

Except for "Date received", this Section to be completed by the AOWE in accordance with G.S. 130A-336.2

LHD USE ONLY: Initial submittal of this NOI received: 5-30-2023 by ARA
Date Initials

PART 1: Notice of Intent to Construct (NOI) - Please check all that apply

☒ Single System or ☐ Multiple Systems

AND

☒ New ☐ Expansion ☐ Relocation of all or part of the Existing System ☐ Relocation of Repair Area
☐ Repair – LHD Permit Number _____ ☐ Repair – EOP/LSS COVID 19/AOWE Permit Number _____

1. Facility Owner's name: (Owner, Company Name, Utility, Partnership, Individual, etc.):

Building Company: Greenwood Homes

Mailing address: PO BOX 303 City: Greenwood State: VA Zip: 22943

Telephone number: 919-270-0472 E-mail Address: heath@GreenwoodHomes.com

2. Authorized On-Site Wastewater Evaluator (AOWE) name: Jason Hall

LSS License number: LSS-1248 AOWE Certification number: 10004 E

Mailing address: 1900 South Main Street, Suite 110 City: Wake Forest State: NC Zip: 27587

Telephone number: 919-569-6704 & 919-625-5948 E-mail Address: jhall@centralcarolinasoil.com

3. Licensed Geologist (LG) (if applicable) name: _____ License Number: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ E-mail Address: _____

4. Proof of Errors and Omissions or other appropriate liability insurance for the following persons is attached that includes the name of the insurer, name of the insured and the effective dates of coverage:

☒ AOWE ☐ LG

5. Property location (physical address, tax parcel identification number or subdivision lot, block number of the property to be permitted): Inwood Forest Reserve, Lot 10, 316 Inwood Forest Drive

County Name: Wake

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 5605 Six Forks Road, Raleigh, NC 27609

MAILING ADDRESS: 1642 Mail Service Center, Raleigh, NC 27699-1642

www.ncdhhs.gov • TEL: 919-707-5874 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

6. Type of facility: ☒ Place of residence No. Bedrooms: 4 No. Occupants: 8
☐ Place of business Basis for flow calculation: _____
☐ Place of public assembly Basis for flow calculation: _____
7. Factors that would affect the wastewater load: _____
8. Type and location of proposed wastewater system: Type IIIB System
(see septic layout)
9. Design wastewater flow: 480 gpd
Design wastewater strength: ☒ domestic ☐ high strength ☐ industrial process (For high strength and industrial process wastewater, a Professional Engineer licensed in accordance with G.S. 89C shall design the on-site wastewater system.)
10. A plat as defined in G.S. 130A-334(7a) is attached: ☐ Yes ☒ No
A site plan as defined in G.S. 130A-334(13a) is attached: ☒ Yes ☐ No
11. Location of proposed or existing wells (drinking water, irrigation, geothermal, groundwater monitoring, sampling, etc.) and any potable and non-potable water conveyance lines is indicated on attached plans and complies with 15A NCAC 18A .1950: ☐ Yes ☒ No
This is a saprolite system. ☐ Yes ☒ No
12. Evaluation(s) of soil conditions and site features in accordance with G.S. 130A-335(a1) signed and sealed by a LSS is attached: ☒ Yes ☐ No
13. Evaluation of geologic and hydrogeologic conditions signed and sealed by a LG is attached ☐ Yes ☒ NA
14. Proposed landscape, site, drainage, or soil modifications are attached: ☐ Yes ☒ NA

Attestation by AOWE pursuant to G.S.

I, Jason Hall
Authorized On-Site Wastewater Evaluator
this Notice of Intent to Construct is accurate and that the proposed system shall meet applicable federal, State, and local requirements, and that the proposed system does not require a Professional Engineer's seal in accordance with G.S. 89C, and in accordance with 15A NCAC 18A .1938 and activities regulated by the North Carolina Department of Environment and Natural Resources and the State Board of Examiners for Engineers and Surveyors.


Signature of Authorized On-Site Wastewater Evaluator

required to be included with

and that the proposed
finances, and that the
with G.S. 89C, and in accordance
by the North Carolina

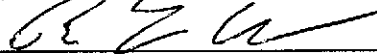
03/12/2023

Date

Owner self-submittal of NOI:

I, GEORGE WELLER III hereby submit this NOI prepared by Jason Hall
Print Name of Owner Print Name of AOWE

pursuant to G.S. 130A-336.1.


Signature of Owner

5/23/23

Date

NOTES:

LIABILITY: The Department, the Department's authorized agents, or local health departments shall have no liability for wastewater systems designed, constructed, and installed pursuant to an AOWE Permit Option [G.S. 130A-336.2(f)]

*RIGHT OF ENTRY: The submittal of this **Notice of Intent to Construct** grants right of entry to the Local Health Department and the State to the referenced property.*

ISSUANCE OF BUILDING PERMIT: Once the LHD deems that the Notice of Intent to Construct is complete via signature in the section below, the owner may apply to the local permitting agency for a permit for electrical, plumbing, heating, air conditioning or other construction, location, or relocation activity under any provision of general or special law pursuant to G.S. 130A-338.

This section for Local Health Department use only.

PART 2: LHD Completeness Review of the Notice of Intent to Construct

"(c) Completeness Review for Notice of Intent to Construct. –The local health department shall determine whether the notice of intent to construct required pursuant to subsection (b) of this section is complete within five business days after receiving the notice of intent to construct. A determination of completeness means that the notice of intent to construct includes all of the required components. If the local health department determines that the notice of intent to construct is incomplete, the local health department shall notify the owner and list the information needed to complete the notice. The owner may then submit additional information to the local health department to cure the deficiencies in the initial notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within five business days after the department receives the additional information. If the local health department fails to act within any time period set out in this subsection, the owner may treat the failure to act as a determination of completeness. The owner shall be able to apply for the building permit for the project upon the decision of completeness of the notice of intent by the local health department or if the local health department fails to act within the five business day time period."

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.2(c). This NOI is determined to be:

☐ INCOMPLETE (If box is checked, Information in this section is required.)

Based upon review of information submitted in Part 1, the following items are missing: _____

Copies of this form listing missing items were sent to the AOWE and the Owner on _____

via _____ with directions to re-submit missing items using Page 5 of this form.

Email, FAX, USPS, hand-delivered

Print Name of Authorized Agent of the LHD

Signature of Authorized Agent of the LHD

Date

☒ COMPLETE (If box is checked, information in this section is required.)

Based upon review of information submitted in Part 1 of this form, this NOI is deemed COMPLETE.

Copies of this signed form were sent to the AOWE and the Owner on 5-31-2023 via Email.
Date Email, FAX, USPS, hand-delivered

A copy of this NOI and tracking information was sent to the State on 5-31-2023 via Email.
Date Email, FAX, USPS, hand-delivered

Alan Alcock
Print Name of Authorized Agent of the LHD


Signature of Authorized Agent of the LHD

5-31-2023
Date

Re-submittal of NOI with missing items included

*This Section is for use by owner to submit items noted as missing during LHD Completeness Review above.
Resubmittals must be accompanied by a cover letter from the AOWE.*

LHD USE ONLY: This NOI resubmittal received: _____ by _____
Date Initials

Item # from initial NOI	Resubmittal description

Attestation by AOWE certified in North Carolina pursuant to G.S. 130A-336.2

I, _____ hereby attest that the information required to be included with
Authorized On-Site Wastewater Evaluator (Print Name)
this Notice of Intent to Construct is accurate and complete to the best of my knowledge and that the proposed
system shall meet applicable federal, State, and local laws, regulations, rules, and ordinances.

Signature of Authorized On-Site Wastewater Evaluator

Date

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Notice of Intent to Construct

This follow-up review for completeness of this Notice and Intent was conducted in accordance with G.S. 130A-336.2(c). This NOI is determined to be:

☐ INCOMPLETE

Based upon review of information submitted in the RESUBMITTAL above, this Notice of Intent remains INCOMPLETE because the following items from Part 1 of this form remain missing: _____

Copies of this signed form were sent to the AOWE and the Owner on _____ via _____
Date Email, FAX, USPS, Hand-delivered

Print name of authorized Agent of the LHD

Signature of authorized Agent of the LHD

Date

☐ COMPLETE

Based upon review of information submitted in the RESUBMITTAL above in addition to information provided in Part 1 of this form, this NOI is deemed complete.

Copies of this signed form were sent to the AOWE and the Owner on _____ via _____
Date Email, FAX, USPS, Hand-delivered

A complete copy of this form with tracking information was sent to the State: _____ via _____
Date Email, FAX, USPS, hand-delivered

Print name of authorized Agent of the LHD

Signature of authorized Agent of the LHD

Date

Except for date received, the Section below is to be completed by the Owner.

T

1. Signed and sealed copy of the AOWE's report that includes the information in G.S. 130A-336.2(k) ☐ Yes ☐ No
2. Operation and management program ☐ Yes ☐ No
3. Fee (as applicable) ☐ Yes ☐ No
4. Notarized letter documenting Owner's acceptance of the system from the AOWE ☐ Yes ☐ No
5. On-site Wastewater Contractor name: _____ License number: _____
Mailing address: _____ City: _____ State: _____ Zip: _____
Telephone number: _____ E-mail Address: _____
6. Proof of Errors and Omissions or other appropriate liability insurance for the On-site Wastewater Contractor is attached and includes the name of the insurer, name of the insured, and the effective dates of coverage.
☐ Yes ☐ No

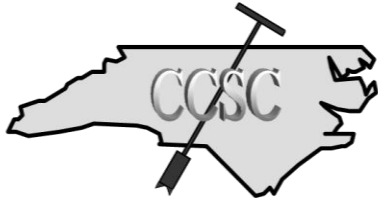
I, _____ hereby attest that all items indicated above have been provided to the
Print name of Owner
 _____ County LHD and the system shall meet applicable federal, State, and local laws,
 regulations, rules, and ordinances.

This section for LHD Use Only.

Based upon review of information submitted in the Section above, the following items are missing from the information required for an Authorization to Operate for an AOWE permit: _____

<i>Print name of authorized Agent of the LHD</i>	<i>Signature of authorized Agent of the LHD</i>	<i>Date</i>
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Page 6 of 6



Central Carolina Soil Consulting, PLLC

1900 South Main Street, Suite 110

Wake Forest, 27588

919-569-6704

May 10, 2023

Project #1914, Lot 10

Greenwood Homes
Attn: Heath Blackwelder
PO BOX 303
Greenwood, VA 22943

RE: Preliminary soil/site evaluation for Authorized On-Site Wastewater Evaluator Permit (AOWE) at Lot 10 in Inwood Forest Reserve Subdivision in Wake County.

Dear Ms. Blackwelder:

Central Carolina Soil Consulting, PLLC conducted a preliminary soil evaluation on the aforementioned lot for a subsurface wastewater system in May 2023 for additional soils work for an AOWE submittal. The soil/site evaluation was performed using hand auger borings and during moist soil conditions based on the criteria found in the State Subsurface Rules, 15ANCAC 18A .1900 "Laws and Rules for Sewage Treatment and Disposal Systems".

The lot is proposed to have a 4-bedroom system for the house. A septic system field layout was completed based on the house location and property lines surveyed in the field.

The proposed system for the house is a Gravity to D-Box using lines 1-5 totaling 400 feet of accepted product (EZ-Flow). The repair field is a Gravity to D-Box using lines 6-9 totaling 268 feet of T&J Panel Block - 50% Reduction. The septic tank for the house should be a minimum 1200 gallons with risers.

Based on the findings during the field evaluation, the area on the attached map has at least 48 inches (initial) and 39 inches (repair) of provisionally suitable soils for a modified conventional septic system. The assigned LTAR for the site is 0.30 gal/day/ft² with a maximum depth of 24 inches for the initial system installation of the drain lines due to slope correction. The assigned LTAR for the site is 0.30 gal/day/ft² with a maximum depth of 22 inches for the repair system installation of the drain lines due to slope correction.

Septic Installation:

The septic systems for the lot should be installed during dry soil conditions (no rain events within 72 hours). The septic systems should be installed on contour while maintaining all required setbacks.

Setbacks:

- Septic and Pump Tanks
 - 10' minimum from property lines
 - 5' minimum from house (see septic design)
- Septic Lines
 - 10' minimum from property lines
 - 5' minimum from house (see septic design)
- Manifold's and D-Box's
 - 10' from property lines
- Supply Lines
 - 5' minimum from property lines

Grading:

No grading should be completed within the initial and repair septic areas that change the natural grade of the area. There should be no cutting or filling within the septic areas as well. When grading the lot, not cuts of 2' or greater should be within 15' of the septic areas. If a cut is required near the septic area, keep the cut around 6-8 inches in depth.

HOUSE:

- Gravity to D-Box, Accepted Product (400' for Initial) and Gravity to D-Box, T&J Panel Block (268' for Repair) (see septic layout)
- 480 gal/day flow rate (4-bedroom)
- 1200 gallon septic tank with risers
- 24" maximum trench depth
- 0.30 LTAR
- No grading/filling septic areas
- No cuts >2' within 15' of septic areas
- Keep tanks and drain lines 10' from property lines
- Keep supply line >5' property lines
- Install in dry soil conditions (No rain events within 72 hours)
- Maintain natural contours when clearing the lot
- Need notification of system install 48 hours beforehand

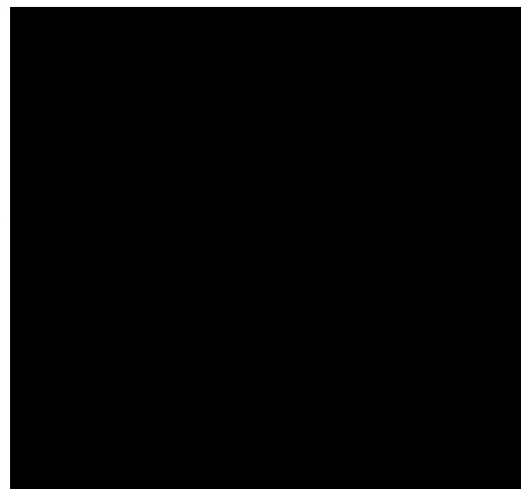
This letter discusses the location of provisionally suitable soils for subsurface wastewater disposal systems and does not guarantee the future function of any wastewater system on sites. Central Carolina Soil Consulting, PLLC is a professional consulting firm specializing in soil delineations and design for on-site wastewater disposal systems.

If you have any questions regarding the findings on the attached map or in this report, please feel free contact me at any time. Thank you for allowing Central Carolina Soil Consulting to perform this site evaluation for you.

Sincerely,



Jason Hall
NC Licensed Soil Scientist #1248



Sheet:
Property ID:
Lot #: 10
File #:
AppID:

Owner:	<u>Greenwood Homes</u>	Applicant:	
Address:	<u>316 Inwood Forest Drive</u>	Date Evaluated:	<u>5/20/2023</u>
Proposed Facility:	<u>4-Bedroom</u>	Design Flow (.1949)	<u>480 gal/day</u>
Location of Site:	<u>Inwood Reserve</u>	Property Size:	<u>0.920 Ac.</u>
Water Supply:	☒ Public ☐ Individual	☐ Well ☐ Spring ☐ Other	
Evaluation Method:	☒ Auger Boring ☐ Pit	☐ Cut	
Type of Wastewater:	☒ Sewage ☐ Industrial Process	☐ Mixed	

P R O F I L E #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941		b PROFILE FACTORS				Profile Class & LTAR			
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz				
1	LS 10%	AE 0-1	GR L	VFR NS NP SEXP		48			PS 0.30			
		Bt 1-43	SBK C	FR SS SP SEXP								
		BC 43-48	W-SBK CL	FR SS SP SEXP								
2	LS 11%	Bt1 0-11	GR SCL	FR SS SP SEXP			42			PS 0.30		
		Bt2 11-25	SBK C	FR SS SP SEXP								
		BC 25-42	W-SBK CL	FR SS SP SEXP								
		C 42+										
3	LS 14%	Bt1 0-13	SBK SCL	FR SS SP SEXP				39			PS 0.30	
		Bt2 13-31	SBK C	FR SS SP SEXP								
		BC 31-39	W-SBK CL	FR SS SP SEXP								
		C 39+										
4	LS 10%	AE 0-3	GR L	VFR NS NP SEXP				48			PS 0.30	
		Bt1 3-19	SBK SCL	FR SS SP SEXP								
		Bt2 19-44	SBK C	FR SS SP SEXP								
		BC 44-48	W-SBK CL	FR SS SP SEXP								

Description	Initial System	Repair System
Available Space (.1945)	Yes	Yes
System Type(s)	III G	III E
Site LTAR	0.30	0.30

Other Factors (.1946):
Soil Evaluation By:
Others Present:
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: Michael Seewald
Others Present:

COMMENTS:

FILE #:

<u>Landscape Position</u>	<u>Group</u>	<u>Texture</u>	<u>.1955 LTAR</u>	<u>Structure</u>
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay		PR-Prismatic
T-Terrace		Loam		
FP-Flood Plain	IV	CL-Clay Loam	0.4 - 0.1	
		SCL-Sandy Clay		
		Loam		
		SC-Sandy Clay		
		SIC-Silty Clay		
		C-Clay		

Consistence

Moist

VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

Consistence

Wet

NS-Non-Sticky
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

Mineralogy

SEXP-Slightly Expansive
EXP-Expansive

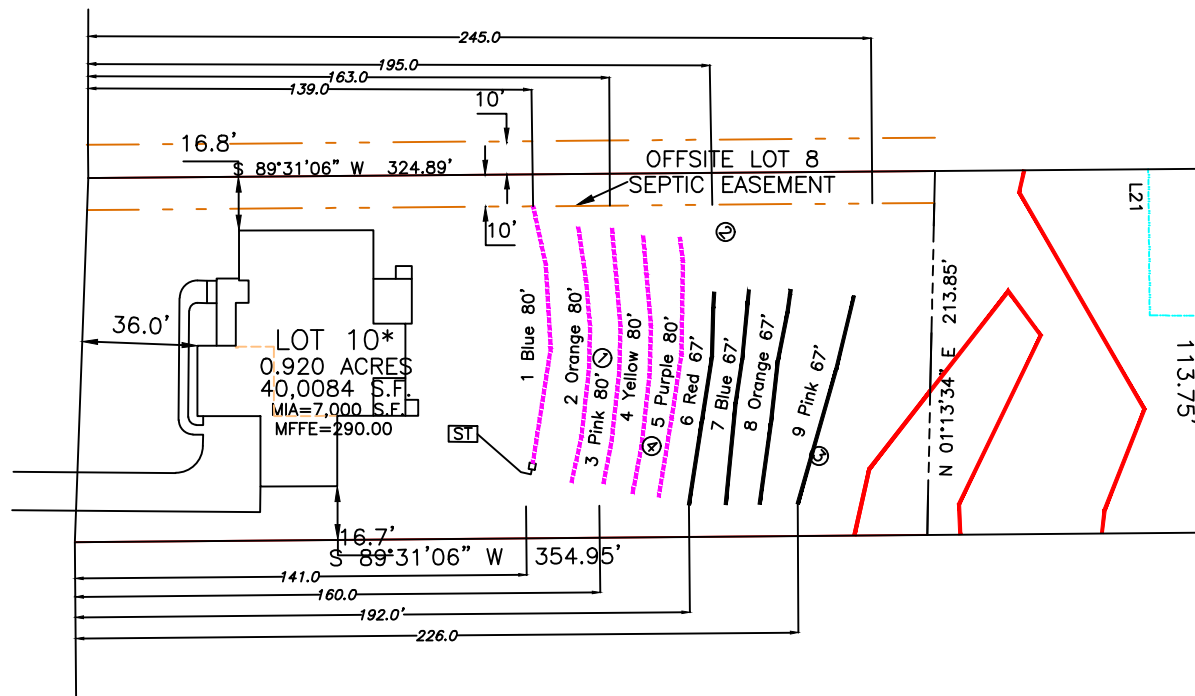
Sketch of Soil Evaluation Locations

System: Gravity to D-Box
 Lines: 1-5, (400')
 Accepted Status System
 0.30 Soil LTAR
 24" Trench Bottom

Repair: Gravity to D-Box
 Lines: 6-9, (268')
 T&J Panel 50% Reduction
 0.30 Soil LTAR
 22" Trench Bottom

- *Keep tanks and drain lines 10' from property lines.
- *Not a survey.
- *Not a guarantee of a septic permit.
- *Keep supply lines >5' from property lines.
- *Some lines are flagged longer in the field than lengths indicate.
- *No grading septic area.

System: 
 Repair: 
 Boring Location: ①



SCALE:
 1" = 60 ft.



Central Carolina Soil Consulting, PLLC
 1900 South Main Street, Suite 110
 Wake Forest, North Carolina 27587
 Phone (919)569-6704 Fax (919)569-6703

Septic Site Plan
 4-Bedroom
 Lot 10 Inwood Forest Subdivision
 Wake County, North Carolina

Job# : 1914
 Drawn By : AH
 Date : 06/7/2022
 Revision:

PL-68 Filter and Tee

PL-68 is much more than just an effluent filter. The housing can also be used as an inlet baffle (tee) or an outlet baffle. The housing is designed to accept Polylok's snap in gas deflector to deflect gas bubbles away from the tee and to keep the solids in the tank.

Features:

- Offers 68 linear feet of 1/16" filter slots, which significantly extends time between cleaning.
- Accepts 3/4" PVC handle.
- Locks in any 360° position when used with PL-68 Tee.
- PL-68 Housing can be used as an inlet or outlet tee.
- Gasket prevents bypass.

PL-68 Installation:

Ideal for residential waste flows up to 800 gallons per day (GPD). Easily installs in any new or existing 4" outlet tee.

1. Locate the outlet of the septic tank.
2. Remove the tank cover and pump tank if necessary.
3. Glue the filter housing to the outlet pipe, or use a Polylok Extend & Lok if not enough pipe exists.
4. Insert the PL-68 filter into tee.
5. Replace and secure the septic tank cover.

PL-68 Maintenance:

The PL-68 Effluent Filter will operate efficiently for several years under normal conditions before requiring cleaning. It is recommended that the filter be cleaned every time the tank is pumped, or at least every three years.

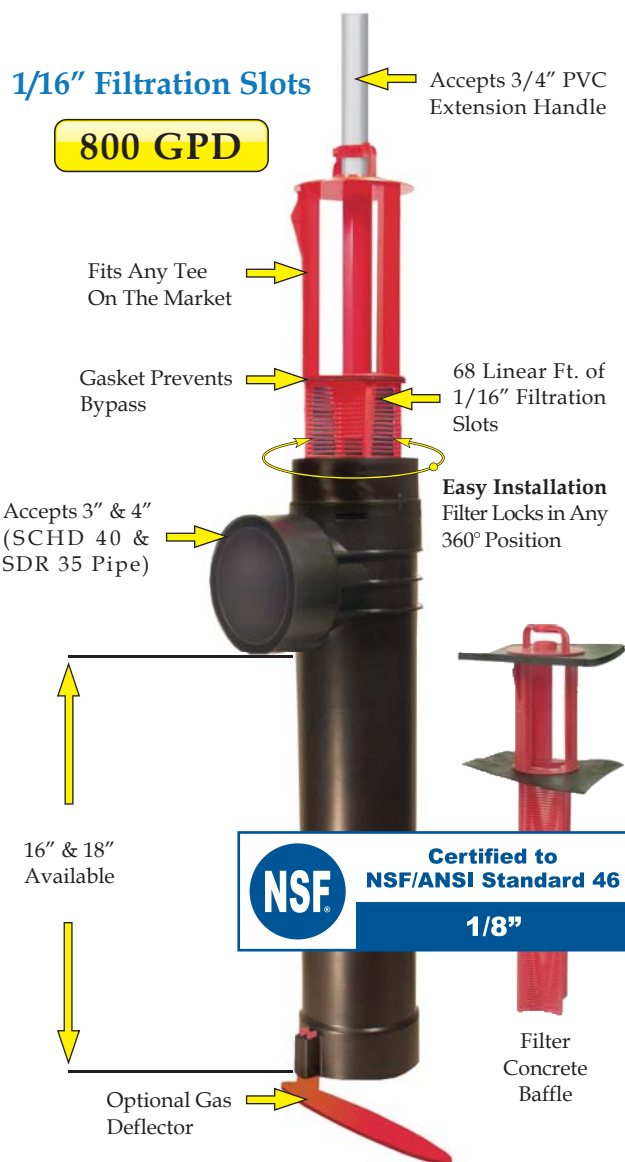
1. Do not use plumbing when filter is removed.
2. Pull PL-68 out of the tee.
3. Hose off filter over the septic tank. Make sure all solids fall back into septic tank.
4. Insert filter back into tee/housing.

Related Products:

PL-68 Filter Concrete Baffle
Extend & LokTM



Extend & LokTM
Easily installs
into existing tanks.



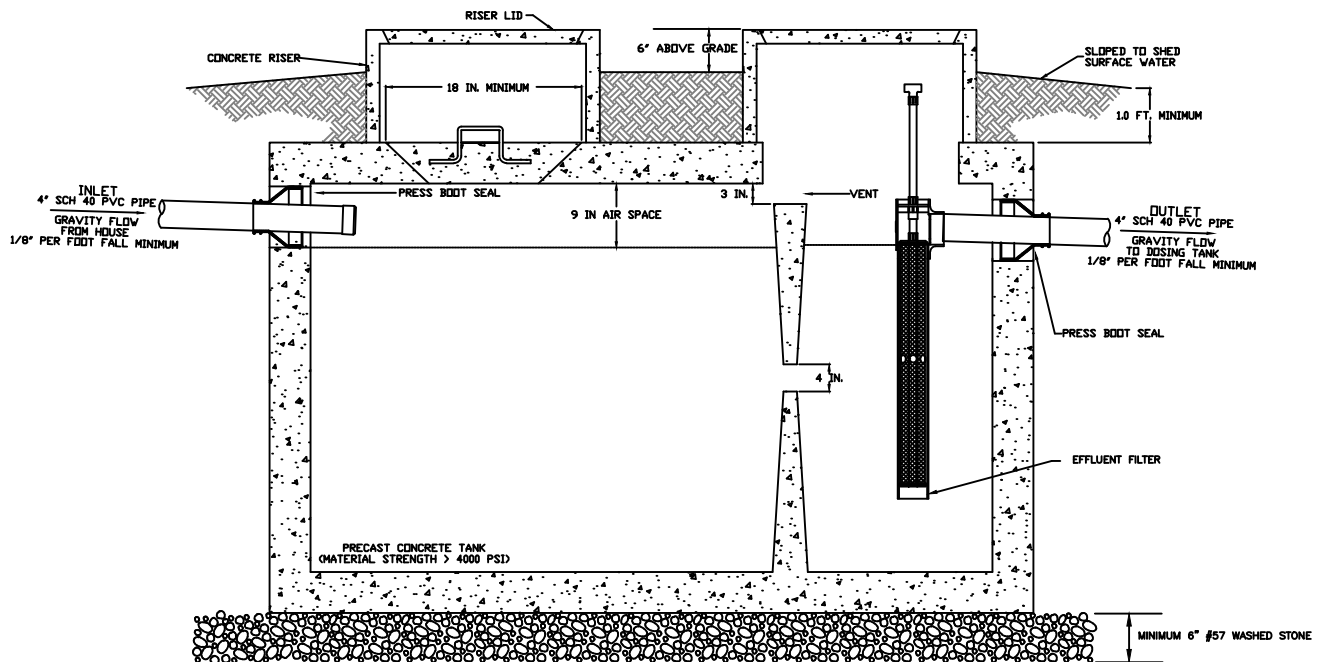
Spacer Bushing
4" SCHD 40
to SDR 35



Spacer Bushing
4" SCHD 40
to 110mm Pipe



2" Extender



1200 GAL SEPTIC TANK SCHEMATIC
NOT TO SCALE

NOTES

1. ALL TANKS SHALL BE LEAK TESTED SUCH THAT EXFILTRATION OCCURS AT A RATE WHICH DOES NOT EXCEED TEN GALLONS PER TWENTY-FOUR HOURS PER 1,000 GALLONS OF TANK CAPACITY
2. ALL TANKS SHALL REST ON A BED OF #57 WASHED GRAVEL. THE MINIMUM THICKNESS OF THE GRAVEL BED IS 6 INCHES.
3. ALL TANKS MUST BE APPROVED FOR USE BY THE NORTH CAROLINA DEPARTMENT OF ENVIRONMENTAL HEALTH (DEH).
4. INVERTS SHOWN ARE APPROXIMATE. THE INSTALLER SHALL FIELD CONFIRM PRIOR TO CONSTRUCTION.
5. ALL HARDWARE INSTALLED INSIDE OF TANKS SHALL BE OF STAINLESS STEEL.
6. TANK DIMENSIONS VARY BY MANUFACTURER.
7. DRAWDOWN WILL VARY WITH TANK DIMENSIONS.
8. NO ELECTRICAL SPLICES SHALL BE MADE INSIDE THE PUMP TANK.



Central Carolina Soil Consulting, PLLC
1900 South Main Street, Suite 110
Wake Forest, North Carolina 27587
Phone (919)569-6704 Fax (919)569-6703

Septic Tank Details
Inwood Forest, Lot 10
Wake County, North Carolina

Job#: 1914

Drawn By: MS

Date: 05/24/2023

Redaction Log

Reason	Page (# of occurrences)	Description
no reason	3 (2) 10 (1)	---