

HYDE COUNTY HEALTH DEPARTMENT

P.O. Box 100 • Swan Quarter, N.C. 27885

Telephone 919/926-3561

Linda Mayo
Health Director

WASTEWATER COLLECTION, TREATMENT AND ¹¹²⁹⁸⁻² SUBSURFACE DISPOSAL SYSTEM OPERATION PERMIT # ~~4793-7~~

In accordance with the provisions of Article 11 of Chapter 130A, General Statutes of North Carolina as amended, and 15A NCAC 18A .1900 et seq.:

PERMISSION IS HEREBY GRANTED TO

Jerry McCall

for the operation of a wastewater collection, treatment, and disposal system pursuant to 15A NCAC 18a .1900 et seq. and in conformity with the application, improvement permit No. 4793-7 and other supporting data subsequently filed and approved by the Hyde County Health Department and considered a part of this permit.

Facilities to be served: 3 bedroom house

Location: Hwy 45 Pomeroy

The approved wastewater collection, treatment and disposal system consists of:

Stallings 1000 gallon septic tank; 630 ft.²
ventilation area consisting of 3 lines
@ 70 ft. ea.

Conditions:

1. The wastewater system shall be maintained at all times to prevent seepage or discharge of sewage or effluent to the surface of the ground or to surface waters.
2. The contents of the septic tank shall be checked every 3-5 years and the solids removed when they reach 1/3 the liquid depth of the tank.
3. Diversion or bypassing of untreated wastewater from the system is expressly prohibited.
4. Due to factors beyond the control of this department, this permit shall in no way be taken as a guarantee or warranty that this wastewater system will function in a satisfactory manner for any given period of time.

Date Permit Issued 11-2-98, Signature Hugh Water, P.E.

4793-1

ENVIRONMENTAL HEALTH DIVISION HYDE COUNTY HEALTH DEPARTMENT

Swan Quarter, N. C.

CERTIFICATE OF COMPLETION: (Ground Absorption Sewage Disposal System - G-S Chapter 130 - Article 13c)

OWNER: _____ DATE: _____

INSTALLER: _____ DATE COMPLETED: _____

Notice: This certification of completion in no way binds the Public Health Sanitation Division of Hyde County Health Department nor implies a guarantee that this system will function in all circumstances, but that the system is properly installed in accordance with applicable rules and regulations of the Hyde County Health Department and can reasonably be expected to perform properly under normal conditions of use and maintenance.

By: _____

4793-7

ENVIRONMENTAL HEALTH DIVISION HYDE COUNTY HEALTH DEPARTMENT

LAND USE

Existing _____

IMPROVEMENT PERMIT

New

Repair _____

OWNER: Jerry McCall

PHONE: 943-3766 DATE: 4-7-93

ADDRESS: Rt. 1 Box 723
Belhaven, N.C. 27810

PROPERTY LOCATION: Hwy 45 1 mi from
Mt. Olive Church on left - Pongee

TYPE STRUCTURE: House

NO. BEDROOMS: 3

WATER SOURCE: Community

Site/Soil Class: II

Soil Application Rate: .8 GF+D

Size of Tank: 1000 Gal.

Nitrification Field: 450 FT²

No. Lines: 3 @ 50 ft. long each

Trench Width: 3 ft.

Maximum Trench Bottom Depth: 24" in.

Trench below ground surface

Bed _____

NOTICE:
Minimum horizontal separation of sewage disposal system from nearest: Well-100 ft., Waterline-10 ft., Foundation-5 ft., Property line-10 ft., Ditch/subsurface tile-10 ft., 10 ft. Upslope & 25 ft. downslope, Stream canal, marsh or coastal waters-50 ft., S/A Waters-100 ft.

Do not alter the location of this system without prior health department approval or,

Do not cover any portion of system until approved on final inspection.

IMPROVEMENTS PERMIT BY:
Shelby Watson EHS Section
Sanitarian

HCHD 3-88



This permit is valid for 5 years from the date of issuance unless the site plans or the intended use of this site change. The permit is then subject to revocation.

ORIGINAL