

File No.: 2008069953 Type: IIaBRUNSWICK COUNTY HEALTH DEPARTMENT
Post Office Box 9 BOLIVIA, NC 28422 (910) 253-2150**IMPROVEMENT PERMIT**

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

An Authorization for Wastewater Construction must be attached to the Improvement Permit before any other permit can be issued and before a wastewater system can be installed.

Supporting documents such as the completed application form, site evaluation form, fill plan, etc. are considered a part of the Improvement Permit.

Owner's Name: HARDISON KEVIN & GLORIA Tax Parcel: 233EE03104Lot s: 5 Block: _____ Sec _____ SUBDIVISION _____Residential: X Water Supply: Private (well) _____ Public XNo. of units: 1 No. of bedrooms 4 No. of occupants 8

Commercial: _____ Type of business: _____ No. of employees: _____ No. of Seats: _____

Size of septic tank: 1500 gal. LTAR: 1.0 gpd/sq.ft. Drainfield sq. feet: 480'±No. of Lines: 4 Length ea.: 40' Trench width 3' Bed: N/A Design Flow gpd: 480Trench/ Bed bottom depth no deeper than: 24 inches Pump tank volume: N/A
(if applicable)If applicable, the following conditions must be met prior to issuance of an **Authorization for Wastewater Construction** and prior to wastewater system installation.

- ☒ Keep 100 feet from all water supplies (minimum of 50 feet must be maintained).
- ☒ Keep 10 feet from all water lines.
- ☒ Keep 10 feet from any property lines (no less than 5 feet for lots recorded prior to 7/1/77)
- ☒ Do not drive over, park, pave, or build any structure over the area for the septic tank system and the repair area if applicable.
- ☒ Do not install the septic system during wet conditions.
- ☒ Maintain Gravity Flow for septic system.
- ☐ Drainage Maintenance Required.
- ☐ Suitable Fill material must be installed exactly per the Health Department approved fill plan.
- Fill check must be completed by the Health Dept. prior to issue of Authorization for Wastewater Construction Permit.**
- ☐ Approved for use of Alternative/Innovative Wastewater System (Specify) _____
- ☐ Submit Wastewater plans to the Health Department for review/approval
- ☒ If Septic System Uses Rock Aggregate/Approved Filter Fabric Covering Required
- ☒ Septic Tank System must be installed per the Construction Authorization Permit.
- ☒ An "accepted" system may be used in the place of a "conventional" system.
- ☒ The construction authorization cannot be issued until final storm water plans are received from the applicant. The applicant is responsible for notifying the health department if any changes are made to the storm water plan and, if so, what those changes are. A letter from the engineer responsible for the storm water plan with the engineer's seal identifying the changes shall satisfy this requirement.

IMPROVEMENT PERMIT ISSUANCE DATE: 11-25-08 EXPIRATION DATE 11-25-13
This permit expires 60 months from the date of issuance unless otherwise specified

Permit Not Valid Unless Signed by Authorized Agent:

Signature

Actions of Brunswick County Health Department representatives engaged in the evaluation and determination of measures required to effect compliance with the applicable laws and rules shall in no way be taken as a warranty that sewage treatment and disposal systems approved and permitted will function in a satisfactory manner for any given period of time. Permit is subject to revocation if the site plan or plat whichever is applicable, or the intended use changes.

The issuance of this permit does not preclude the Permittee from complying with any and all statutes, rules, regulations, or ordinances which may be imposed by other government agencies (local, state, and federal) which have jurisdiction.

SEPTIC TANKS SHALL HAVE AN APPROVED EFFLUENT FILTER & ACCESS DEVICES

* NOTE
Primary Residence is #
362 & the Accessory building
is # 1BR
= 4BR
w/ 1500 gal
septic
tank,

BRUNSWICK COUNTY HEALTH DEPARTMENT

DATE REC.: 8/6/2008

P.I.N.:

FILE NO.: 2008069953

ZONING: 2008066650

HARDISON KEVIN & GLOSTER JAMES

640.00

233EE03104

REC. FROM

AMT. PD.

TAX PARCEL

P.O. BOX 16030

WILMINGTON

NC

28408-

(910) 200-2177

ADDRESS

CITY

ST

ZIP

PHONE

HARDISON KEVIN ETUX GLORIA

5

CURRENT PROPERTY OWNER

LOT

BLK

SEC

PROPERTY LOCATED, TOWN/CITY/AREA/ BRUNSWICK COUNTY

SUBDIVISION

Directions: NO ADDRESS ASSIGNED 17 S TO S.R. 211, 5 MILES R ON SUNSET HARBOR R

AUTHORIZATION FOR WASTEWATER CONSTRUCTION PERMIT

NEW ☒ REVISION ☐ RELOCATION ☐ UPGRADE ☐ REPAIR ☐

Design Flow: 480 gpd. Septic Tank Size: 1500 gal. Type: 2A

No. Bedrooms: 4 No. occupants/employees: 8 Max. Trench/Bed Bottom Depth: 24" inches

No. Lines: 4 Length Each: 40 Bed Dimensions: N/A

Fill Check: _____ Approved: _____

Date

Authorized Agent

PERMIT ISSUE DATE: 11-25-08

Permit expires 60 months from date of issue unless otherwise specified

☐ 30 days from date of issue☐ Other

Authorized Agent

Registration: 1576

NOTE: PERMIT IS SUBJECT TO REVOCATION IF SITE PLANS OR THE INTENDED USE CHANGES.

IMPROVEMENT PERMIT CONDITIONS MUST BE MET.

NOTES:

1. Septic Tank shall have an approved effluent filter and access devices as applicable.
2. Maintain all setback distances for septic tank systems and wells.
3. All components of the septic systems shall be located 100 feet from well.
4. An "Accepted" system may be used in the place of a "conventional" system.

*SEE
ATTACH
PERMIT
DRAWING!

Wastewater System Installer: _____

Date: _____

Comments: (tank info/barrier approved) _____

Rock _____

Polystyrene Aggregate _____

Chamber _____

Other _____

OPERATION PERMIT: _____

Date: _____

Authorized Agent Signature

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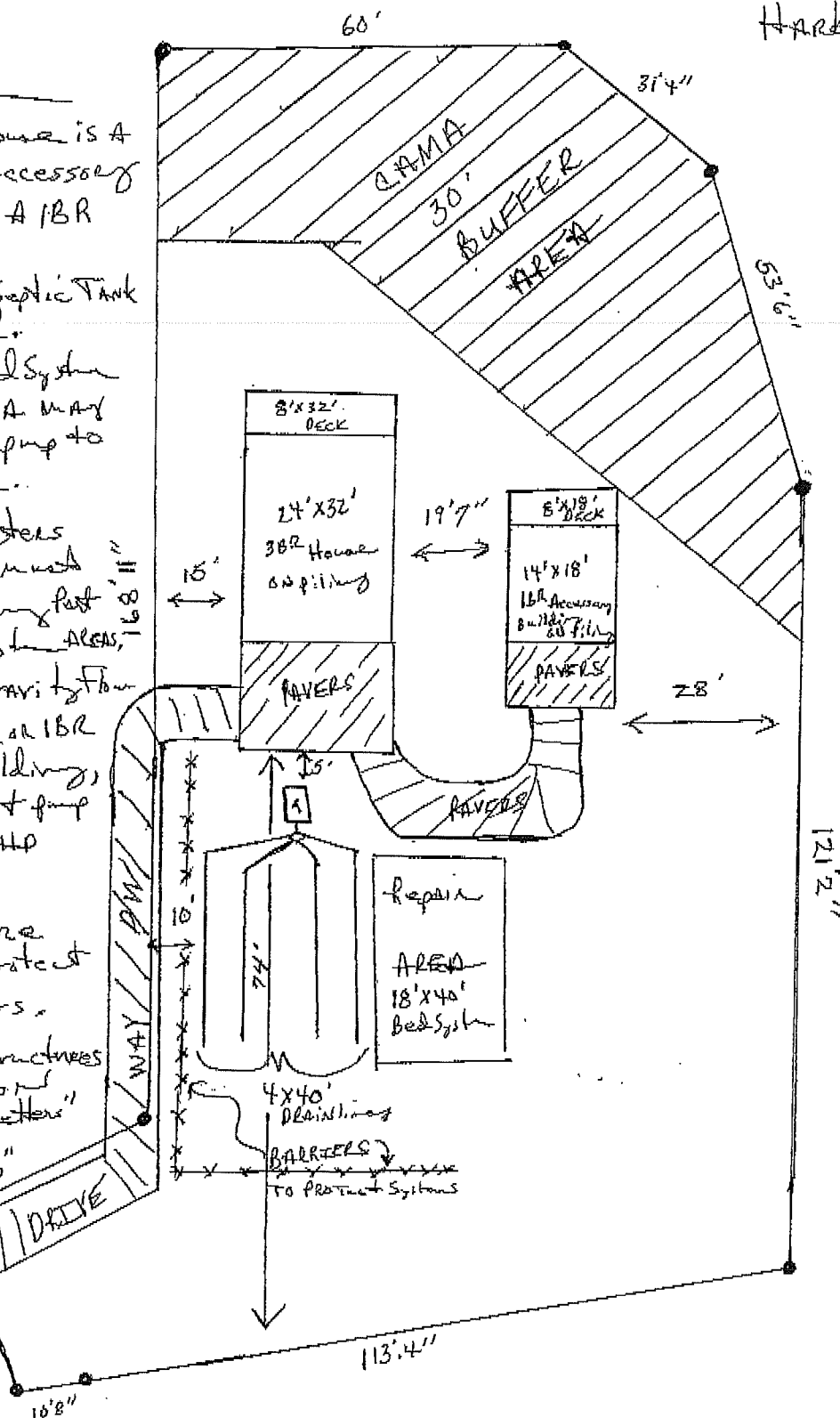
* BC#D# 08-69953

* Lot #5

CROSSLAND RD
OFF OF Sunset
Harbor Rd.

* NOTE

- ① Primary House is A 3BR + the Accessory Building is A 1BR = 4BR.
- ② 1500 gal. Septic Tank is needed.
- ③ 18'x40' Bed System Repair AREA may need to be up to bed system.
- ④ All H₂O meters & H₂O lines must be 10' from any fast = 16' of Septic System AREAS.
- ⑤ If can't gravity flow from 3BR House or 1BR Accessory Building, must submit & pump plans for BCHP Approval.
- ⑥ Barriers are needed to protect system AREAS.
- * ⑦ All House structures will be built on piling. "see letters"
- * ⑧ Call Before 39'3" DRIVE
Septic System Installation for preconstruction conference.



File No.: 2008069954 Type: HA *NOTEBRUNSWICK COUNTY HEALTH DEPARTMENT
Post Office Box 9 BOLIVIA, NC 28422 (910) 253-2150**IMPROVEMENT PERMIT**

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An Authorization for Wastewater Construction must be attached to the Improvement Permit before any other permit can be issued and before a wastewater system can be installed.

Supporting documents such as the completed application form, site evaluation form, fill plan, etc. are considered a part of the Improvement Permit.

Owner's Name: HARDISON KEVIN & GLORIA Tax Parcel: 233EE03104Lot s: 4 Block: Sec SUBDIVISION Residential: X Water Supply: Private (well) Public XNo. of units: 1 No. of bedrooms 4 No. of occupants 8Commercial: Type of business: No. of employees: No. of Seats: Size of septic tank: 1500 gal LTAR: 10 gpd/sq.ft. Drainfield sq. feet: 480No. of Lines: 4 Length ea.: 48' Trench width 3' Bed: N/A Design Flow gpd: 480Trench/ Bed bottom depth no deeper than: 24 inches Pump tank volume: N/A
(if applicable)If applicable, the following conditions must be met prior to issuance of an **Authorization for Wastewater Construction** and prior to wastewater system installation.

- ☒ Keep 100 feet from all water supplies (minimum of 50 feet must be maintained).
- ☒ Keep 10 feet from all water lines.
- ☒ Keep 10 feet from any property lines (no less than 5 feet for lots recorded prior to 7/1/77).
- ☒ Do not drive over, park, pave, or build any structure over the area for the septic tank system and the repair area if applicable.
- ☒ Do not install the septic system during wet conditions.
- ☒ Maintain Gravity Flow for septic system.
- ☐ Drainage Maintenance Required.
- ☐ Suitable Fill material must be installed exactly per the Health Department approved fill plan.
- ☐ **Fill check must be completed by the Health Dept. prior to Issue of Authorization for Wastewater Construction Permit.**
- ☐ Approved for use of Alternative/Innovative Wastewater System (Specify)
- ☐ Submit Wastewater plans to the Health Department for review/approval
- ☒ If Septic System Uses Rock Aggregate/Approved Filter Fabric Covering Required
- ☒ Septic Tank System must be installed per the Construction Authorization Permit.
- ☒ An "accepted" system may be used in the place of a "conventional" system.
- ☒ The construction authorization cannot be issued until final storm water plans are received from the applicant. The applicant is responsible for notifying the health department if any changes are made to the storm water plan and, if so, what those changes are. A letter from the engineer responsible for the storm water plan with the engineer's seal identifying the changes shall satisfy this requirement.

IMPROVEMENT PERMIT ISSUANCE DATE: 11-25-08 EXPIRATION DATE 11-25-13
This permit expires 60 months from the date of issuance unless otherwise specifiedPermit Not Valid Unless Signed by Authorized Agent:
Signature:

Actions of Brunswick County Health Department representatives engaged in the evaluation and determination of measures required to effect compliance with the applicable laws and rules shall in no way be taken as a warranty that sewage treatment and disposal systems approved and permitted will function in a satisfactory manner for any given period of time. Permit is subject to revocation if the site plan or plat whichever is applicable, or the intended use changes.

The issuance of this permit does not preclude the Permittee from complying with any and all statutes, rules, regulations, or ordinances which may be imposed by other government agencies (local, state, and federal) which have jurisdiction.

SEPTIC TANKS SHALL HAVE AN APPROVED EFFLUENT FILTER & ACCESS DEVICES

BRUNSWICK COUNTY HEALTH DEPARTMENT

DATE REC.: 8/6/2008

P.I.N.:

FILE NO.: 2008069954

ZONING: 2008066651

HARDISON KEVIN & JAMES GLOSTER

640.00

233EE03104

REC. FROM

AMT. PD.

TAX PARCEL

P.O. BOX 16030

WILMINGTON

NC

28408-

(910) 200-2177

ADDRESS

CITY

ST

ZIP

PHONE

HARDISON KEVIN ETUX GLORIA

4

LOT

BLK

SEC

CURRENT PROPERTY OWNER

PROPERTY LOCATED, TOWN/CITY/AREA BRUNSWICK COUNTY

SUBDIVISION

Directions: NO ADDRESS ASSIGNED 17 S L ON 211 5 MILES TO R ON SUNSET HARBOR RD

AUTHORIZATION FOR WASTEWATER CONSTRUCTION PERMIT

NEW ☒ REVISION ☐ RELOCATION ☐ UPGRADE ☐ REPAIR ☐

Design Flow: 480 gpd. Septic Tank Size: 1500 gal. Type: 2A

No. Bedrooms: 4 No. occupants/employees 8 Max. Trench/Bed Bottom Depth: 24" inches

No. Lines: 4 Length Each: 40 Bed Dimensions:

Fill Check: _____ Approved: _____

Date

Authorized Agent

PERMIT ISSUE DATE: 11-25-08 Permit expires 60 months from date of issue unless otherwise specified

☐ 30 days from date of issue☐ Other

Authorized Agent

Registration: 1576

NOTE: PERMIT IS SUBJECT TO REVOCATION IF SITE PLANS OR THE INTENDED USE CHANGES.

IMPROVEMENT PERMIT CONDITIONS MUST BE MET.

NOTES:

1. Septic Tank shall have an approved effluent filter and access devices as applicable.
2. Maintain all setback distances for septic tank systems and wells.
3. All components of the septic systems shall be located 100 feet from wall.
4. An "Accepted" system may be used in the place of a "conventional" system.

*SEE
ATTACH
PERMIT
DRAWING

Wastewater System Installer: _____ Date: _____

Comments: (tank info/barrier approved) _____

Rock _____ Polystyrene Aggregate _____ Chamber _____ Other _____

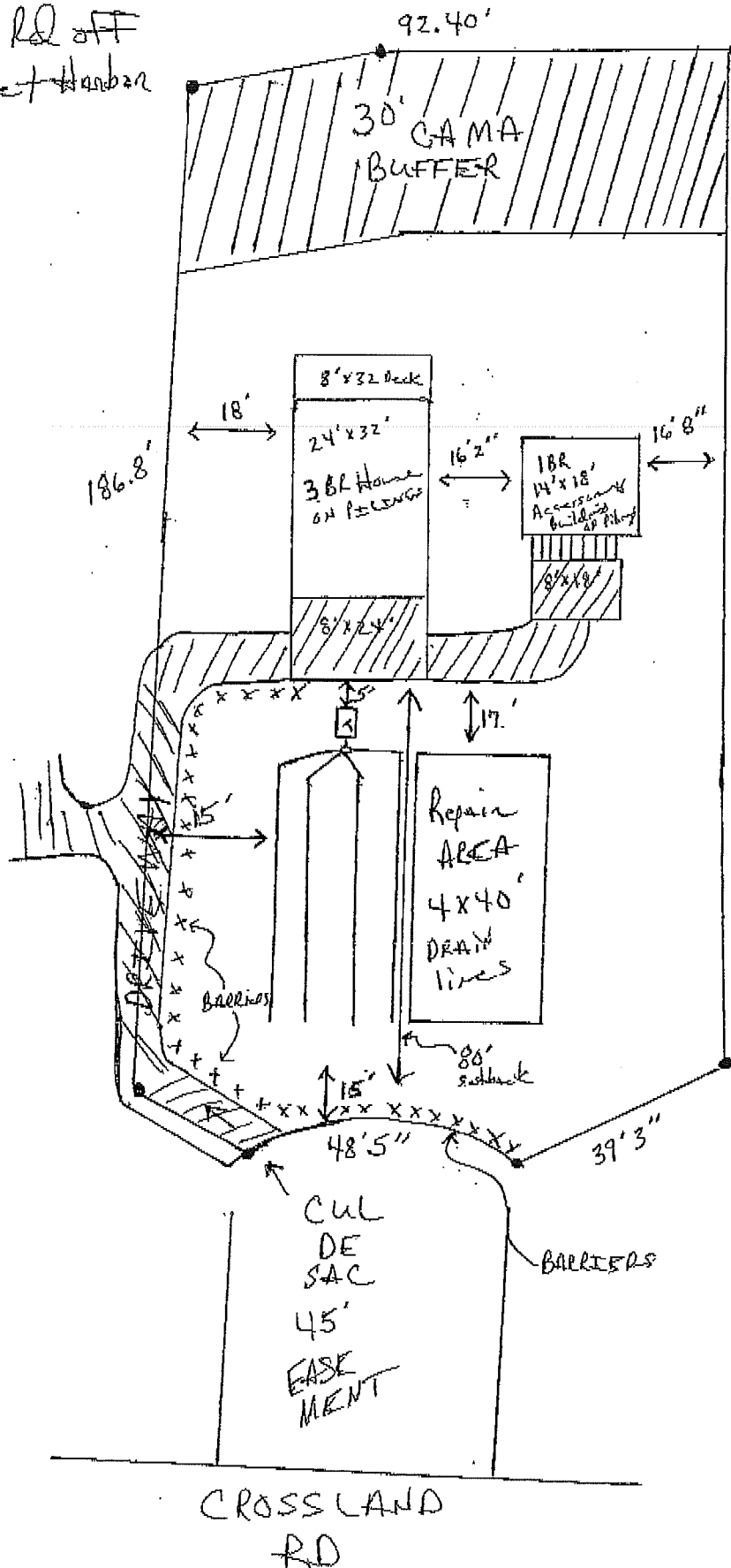
OPERATION PERMIT: _____ Date: _____

Authorized Agent Signature

Actions of local health department representatives or the State engaged in the evaluation and determination of measures required to effect compliance with the applicable laws and rules shall in no way be taken as a warranty that sewage treatment and disposal systems approved and permitted will function in a satisfactory manner for any given period of time. The issuance of this permit does not preclude the Permittee from complying with any and all statutes, rules and regulations or ordinances which may be imposed by other government agencies (local, state, and federal) which have jurisdiction.

BCHD[#] 08-69954

* Lot #4

Crossland Rd off
of Sunset Harbor
Rd.

* NOTE

- ① Primary House is 3 BR + the Accessory Building is 1 BR = 4 BR
- ② 1500 gal. Septic Tank is needed.
- ③ Initial + Repair AREA OR Conventional Septic System 4' x 40'.
- ④ If can not get gravity flow pump Plans are needed for BCHD Approval
- ⑤ All H₂O meters + H₂O lines must be 10' from any part of Septic AREAS.
- ⑥ Barriers are needed to protect system AREAS.
- * ⑦ All ^{House} Structures ARE built on pilings. "see Letter"
- * ⑧ Call before Septic System Installation for pre construction Conference

File No.: 2008069957 Type: HA *NOTEBRUNSWICK COUNTY HEALTH DEPARTMENT
Post Office Box 9 BOLIVIA, NC 28422 (910) 253-2150**IMPROVEMENT PERMIT**

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

An Authorization for Wastewater Construction must be attached to the Improvement Permit before any other permit can be issued and before a wastewater system can be installed.

Supporting documents such as the completed application form, site evaluation form, fill plan, etc. are considered a part of the Improvement Permit.

Owner's Name: HARDISON KEVIN & GLORIA Tax Parcel: 233EE03104Lot s: 1 Block: Sec SUBDIVISION Residential: X Water Supply: Private (well) Public XNo. of units: 1 No. of bedrooms 4 No. of occupants 8Commercial: Type of business: No. of employees: No. of Seats: Size of septic tank: 1500 gal LTAR: 1.0 gpd/sq. ft. Drainfield sq. feet: 720 ^{FT²}No. of Lines: 5 Length ea.: 48' Trench width 14" Bed: 15' x 48' Design Flow gpd: 480Trench/ Bed bottom depth no deeper than: 24 inches Pump tank volume:
(if applicable)If applicable, the following conditions must be met prior to issuance of an **Authorization for Wastewater Construction** and prior to wastewater system installation.

- ☒ Keep 100 feet from all water supplies (minimum of 50 feet must be maintained).
- ☒ Keep 10 feet from all water lines.
- ☒ Keep 10 feet from any property lines (no less than 5 feet for lots recorded prior to 7/1/77)
- ☒ Do not drive over, park, pave, or build any structure over the area for the septic tank system and the repair area if applicable.
- ☒ Do not install the septic system during wet conditions.
- ☒ Maintain Gravity Flow for septic system.
- ☐ Drainage Maintenance Required.
- ☐ Suitable Fill material must be installed exactly per the Health Department approved fill plan.
- ☐ **Fill check must be completed by the Health Dept. prior to Issue of Authorization for Wastewater Construction Permit.**
- ☐ Approved for use of Alternative/Innovative Wastewater System (Specify)
- ☐ Submit Wastewater plans to the Health Department for review/approval
- ☒ If Septic System Uses Rock Aggregate/Approved Filter Fabric Covering Required
- ☒ Septic Tank System must be installed per the Construction Authorization Permit.
- ☒ An "accepted" system may be used in the place of a "conventional" system.
- ☒ The construction authorization cannot be issued until final storm water plans are received from the applicant. The applicant is responsible for notifying the health department if any changes are made to the storm water plan and, if so, what those changes are. A letter from the engineer responsible for the storm water plan with the engineer's seal identifying the changes shall satisfy this requirement.

IMPROVEMENT PERMIT ISSUANCE DATE: 11-25-08 EXPIRATION DATE: 11-25-13
This permit expires 60 months from the date of issuance unless otherwise specifiedPermit Not Valid Unless Signed by Authorized Agent:

Signature

Actions of Brunswick County Health Department representatives engaged in the evaluation and determination of measures required to effect compliance with the applicable laws and rules shall in no way be taken as a warranty that sewage treatment and disposal systems approved and permitted will function in a satisfactory manner for any given period of time. Permit is subject to revocation if the site plan or plat whichever is applicable, or the intended use changes.

The issuance of this permit does not preclude the Permittee from complying with any and all statutes, rules, regulations, or ordinances which may be imposed by other government agencies (local, state, and federal) which have jurisdiction.

SEPTIC TANKS SHALL HAVE AN APPROVED EFFLUENT FILTER & ACCESS DEVICES

BRUNSWICK COUNTY HEALTH DEPARTMENT

DATE REC.: 8/6/2008

P.I.N.:

FILE NO.: 2008069957

ZONING: 2008066657

HARDISON KEVIN & JAMES GLOSTER

640.00

233EE03104

REC. FROM

AMT. PD.

TAX PARCEL

P.O. BOX 16030

WILMINGTON

NC

28408-

(910) 200-2177

ADDRESS

CITY

ST

ZIP

PHONE

HARDISON KEVIN ETUX GLORIA

1

CURRENT PROPERTY OWNER

LOT

BLK

SEC

PROPERTY LOCATED, TOWN/CITY/AREA/

BRUNSWICK COUNTY

SUBDIVISION

Directions: NO ADDRESS ASSIGNED 17 S L ON 211 GO 5 MILES TO R ON SUNSET HARBOR

AUTHORIZATION FOR WASTEWATER CONSTRUCTION PERMIT

NEW ☒ REVISION ☐ RELOCATION ☐ UPGRADE ☐ REPAIR ☐
 Design Flow: 480 gpd. Septic Tank Size: 1500 gal. Type: 2A
 No. Bedrooms 4 No. occupants/employees 8 Max. Trench/Bed Bottom Depth: N/A inches
 No. Lines: 5 Length Each: 48' Bed Dimensions: 15 X 48

Fill Check: _____

Date

Approved: _____

Authorized Agent

PERMIT ISSUE DATE: 11-25-08

Permit expires 60 months from date of issue unless otherwise specified

☐ 30 days from date of issue☐ Other

Authorized Agent

Registration: 1516

NOTE: PERMIT IS SUBJECT TO REVOCATION IF SITE PLANS OR THE INTENDED USE CHANGES.

IMPROVEMENT PERMIT CONDITIONS MUST BE MET.

NOTES:

1. Septic Tank shall have an approved effluent filter and access devices as applicable.
2. Maintain all setback distances for septic tank systems and wells.
3. All components of the septic systems shall be located 100 feet from well.
4. An "Accepted" system may be used in the place of a "conventional" system.

* SEE
ATTACHED
PERMIT
DRAWING!

Wastewater System Installer: _____

Date: _____

Comments: (tank info/barrier approved) _____

Rock _____

Polystyrene Aggregate _____

Chamber _____

Other _____

OPERATION PERMIT: _____

Authorized Agent Signature

Date: _____

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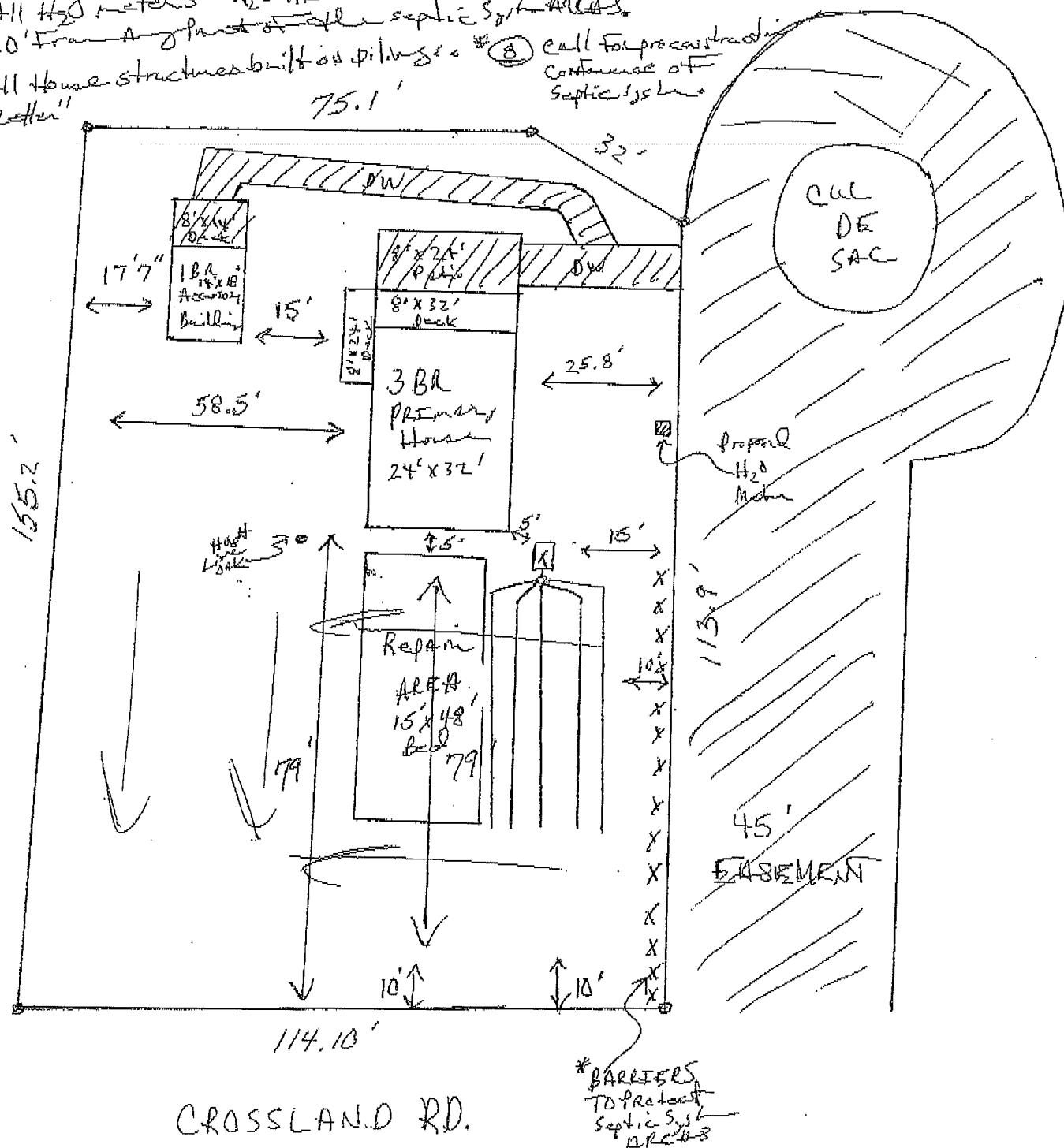
* NOTE

* BCHD # 08-69957

* Lot #1

CROSSLAND RD.
OFF of Sunset
Harbor Rd.

- ① Primary House is a 3 BR & the Accessory Building is a 1 BR = 4 BR
 ② 1500 gal Septic Tank
 ③ 15' X 48' Bed Syst Initial Repair
 ④ All H₂O meters & H₂O line must be 10' from any part of the septic system
 ⑤ If can't Gravity Flow from 3 BR House or 1 BR Accessory Building must submit pump plans for BCHD Approval
 ⑥ Barriers are needed to protect septic areas
 ⑦ All House structures built on pilings
 ⑧ Call for preconstruction Conference of Septic system



File No.: 2008069956 Type: IIa

*NOTE

BRUNSWICK COUNTY HEALTH DEPARTMENT
Post Office Box 9 BOLIVIA, NC 28422 (910) 253-2150IMPROVEMENT PERMIT

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

An Authorization for Wastewater Construction must be attached to the Improvement Permit before any other permit can be issued and before a wastewater system can be installed.

Supporting documents such as the completed application form, site evaluation form, fill plan, etc. are considered a part of the Improvement Permit.

Owner's Name: HARDISON KEVIN & GLORIA Tax Parcel: 233EE03104Lot s: 2 Block: _____ Sec _____ SUBDIVISION _____Residential: X Water Supply: Private (well) _____ Public XNo. of units: 1 No. of bedrooms 4 No. of occupants 8

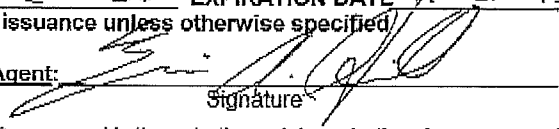
Commercial: _____ Type of business: _____ No. of employees: _____ No. of Seats: _____

Size of septic tank: 1500 gal. LTAR: 1.0 gpd/sq.ft. Drainfield sq. feet: 480 F²No. of Lines: 3 Length ea.: 54' Trench width 3' Bed: N/A Design Flow, gpd: 480Trench/ Bed bottom depth no deeper than: 24 inches Pump tank volume: N/A
(if applicable)If applicable, the following conditions must be met prior to issuance of an Authorization for Wastewater Construction and prior to wastewater system installation.

- X Keep 100 feet from all water supplies (minimum of 50 feet must be maintained).
- X Keep 10 feet from all water lines.
- X Keep 10 feet from any property lines (no less than 5 feet for lots recorded prior to 7/1/77)
- X Do not drive over, park, pave, or build any structure over the area for the septic tank system and the repair area if applicable.
- X Do not install the septic system during wet conditions.
- X Maintain Gravity Flow for septic system.
- Drainage Maintenance Required.
- Suitable Fill material must be installed exactly per the Health Department approved fill plan.
Fill check must be completed by the Health Dept. prior to issue of Authorization for Wastewater Construction Permit.
- Approved for use of Alternative/Innovative Wastewater System (Specify) _____
- Submit Wastewater plans to the Health Department for review/approval
- X If Septic System Uses Rock Aggregate/Approved Filter Fabric Covering Required
- X Septic Tank System must be installed per the Construction Authorization Permit.
- X An "accepted" system may be used in the place of a "conventional" system.
- X The construction authorization cannot be issued until final storm water plans are received from the applicant. The applicant is responsible for notifying the health department if any changes are made to the storm water plan and, if so, what those changes are. A letter from the engineer responsible for the storm water plan with the engineer's seal identifying the changes shall satisfy this requirement.

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Permit Not Valid Unless Signed by Authorized Agent:

Signature: 

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SEPTIC TANKS SHALL HAVE AN APPROVED EFFLUENT FILTER & ACCESS DEVICES

BRUNSWICK COUNTY HEALTH DEPARTMENT

DATE REC.: 8/6/2008

P.I.N.:

FILE NO.: 2008069956

ZONING: 2008066656

HARDISON KEVIN & GLOSTER JIM

640.00

233EE03104

REC. FROM

AMT. PD.

TAX PARCEL

P O BOX 16030

WILMINGTON

NC

28408-

(910) 200-2177

ADDRESS

CITY

ST

ZIP

PHONE

HARDISON KEVIN ETUX GLORIA

CURRENT PROPERTY OWNER

LOT

BLK

SEC

PROPERTY LOCATED, TOWN/CITY/AREA/ BRUNSWICK COUNTY

SUBDIVISION

Directions: NO ADDRESS ASSIGNED

SUNSET HARBOR RD R 5 MILE TO CROSSLAND LO

AUTHORIZATION FOR WASTEWATER CONSTRUCTION PERMIT

NEW ☒ REVISION ☐ RELOCATION ☐ UPGRADE ☐ REPAIR ☐

Design Flow: 480 gpd. Septic Tank Size: 1500 gal. Type: 2A

No. Bedrooms 4 No. occupants/employees 8 Max. Trench/Bed Bottom Depth: 24 inches

No. Lines: 3 Length Each: 54' Bed Dimensions: N/A

NOTES:

1. Septic Tank shall have an approved effluent filter and access devices as applicable.
2. Maintain all setback distances for septic tank systems and wells.
3. All components of the septic systems shall be located 100 feet from well.
4. An "Accepted" system may be used in the place of a "conventional" system.

Fill Check:

Date

Approved:

Authorized Agent

PERMIT ISSUE DATE: 11-25-08

Permit expires 60 months from date of issue unless otherwise specified

☐ 30 days from date of issue☐ Other

Authorized Agent

Registration: 1516

NOTE: PERMIT IS SUBJECT TO REVOCATION IF SITE PLANS OR THE INTENDED USE CHANGES.

IMPROVEMENT PERMIT CONDITIONS MUST BE MET.

*SEE
ATTACH
PERMIT
DRAWING!

Wastewater System Installer:

Date:

Comments: (tank info/barrier approved)

Rock

Polystyrene Aggregate

Chamber

Other

OPERATION PERMIT:

Date:

Authorized Agent Signature

Actions of local health department representatives or the State engaged in the evaluation and determination of measures required to effect compliance with the applicable laws and rules shall in no way be taken as a warranty that sewage treatment and disposal systems approved and permitted will function in a satisfactory manner for any given period of time. The issuance of this permit does not preclude the Permittee from complying with any and all statutes, rules and regulations or ordinances which may be imposed by other government agencies (local state, and federal) which have jurisdiction.

INTERNAL
Rev. 04/26/99

File No.: 2008069955 Type: IIa ^{* NOTE}BRUNSWICK COUNTY HEALTH DEPARTMENT
Post Office Box 9 BOLIVIA, NC 28422 (910) 253-2150**IMPROVEMENT PERMIT**

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

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Owner's Name: HARDISON KEVIN & GLORIA Tax Parcel: 233EE03104Lot s: 3 Block: _____ Sec _____ SUBDIVISION _____Residential: X Water Supply: Private (well) _____ Public XNo. of units: 1 No. of bedrooms 4 No. of occupants 8

Commercial: _____ Type of business: _____ No. of employees: _____ No. of Seats: _____

Size of septic tank: 1500 gal LTAR: 1.0 gpd/sq.ft. Drainfield sq. feet: 720 ^{ft²}No. of Lines: 6 Length ea.: 40' Trench width N/A Bed: 18'x48' Design Flow gpd: 488 ^{gpd}Trench/ Bed bottom depth no deeper than: 24 inches Pump tank volume: N/A
(if applicable)If applicable, the following conditions must be met prior to issuance of an Authorization for Wastewater Construction and prior to wastewater system installation.

- X Keep 100 feet from all water supplies (minimum of 50 feet must be maintained).
- X Keep 10 feet from all water lines.
- X Keep 10 feet from any property lines (no less than 5 feet for lots recorded prior to 7/1/77)
- X Do not drive over, park, pave, or build any structure over the area for the septic tank system and the repair area if applicable.
- X Do not install the septic system during wet conditions.
- X Maintain Gravity Flow for septic system.
- _____ Drainage Maintenance Required.
- _____ Suitable Fill material must be installed exactly per the Health Department approved fill plan.
- _____ Fill check must be completed by the Health Dept. prior to issue of Authorization for Wastewater Construction Permit.
- _____ Approved for use of Alternative/Innovative Wastewater System (Specify) _____
- _____ Submit Wastewater plans to the Health Department for review/approval
- X If Septic System Uses Rock Aggregate/Approved Filter Fabric Covering Required
- X Septic Tank System must be installed per the Construction Authorization Permit.
- X An "accepted" system may be used in the place of a "conventional" system.
- X The construction authorization cannot be issued until final storm water plans are received from the applicant. The applicant is responsible for notifying the health department if any changes are made to the storm water plan and, if so, what those changes are. A letter from the engineer responsible for the storm water plan with the engineer's seal identifying the changes shall satisfy this requirement.

IMPROVEMENT PERMIT ISSUANCE DATE: 11-25-08 EXPIRATION DATE 11-25-13
This permit expires 60 months from the date of issuance unless otherwise specified.

Permit Not Valid Unless Signed by Authorized Agent:

Signature [Signature]

Actions of Brunswick County Health Department representatives engaged in the evaluation and determination of measures required to effect compliance with the applicable laws and rules shall in no way be taken as a warranty that sewage treatment and disposal systems approved and permitted will function in a satisfactory manner for any given period of time. Permit is subject to revocation if the site plan or plat whichever is applicable, or the intended use changes.

The issuance of this permit does not preclude the Permittee from complying with any and all statutes, rules, regulations, or ordinances which may be imposed by other government agencies (local, state, and federal) which have jurisdiction.

SEPTIC TANKS SHALL HAVE AN APPROVED EFFLUENT FILTER & ACCESS DEVICES

BRUNSWICK COUNTY HEALTH DEPARTMENT

DATE REC.: 8/6/2008

P.I.N.:

FILE NO.: 2008069955

ZONING: 2008066653

HARDISON KEVIN & GLOSTER JAMES

640.00

233EE03104

REC. FROM

AMT. PD.

TAX PARCEL

P.O. BOX 16030

WILMINGTON

NC

28408-

(910) 200-2177

ADDRESS

CITY

ST

ZIP

PHONE

HARDISON KEVIN ETUX GLORIA

3

CURRENT PROPERTY OWNER

LOT

BLK

SEC

PROPERTY LOCATED, TOWN/CITY/AREA/

BRUNSWICK COUNTY

SUBDIVISION

Directions: NO ADDRESS ASSIGNED 17 S TO 211 S 5 MILES R ON SUNSET HARBOR RD, 5

AUTHORIZATION FOR WASTEWATER CONSTRUCTION PERMIT

NEW ☒ REVISION _____ RELOCATION _____ UPGRADE _____ REPAIR _____

Design Flow: 480 gpd. Septic Tank Size: 1500 gal. Type: 2A

No. Bedrooms 4 No. occupants/employees 8 Max. Trench/Bed Bottom Depth: N/A inches

No. Lines: 6 Length Each: 40 Bed Dimensions: 18 X 40

Fill Check: _____ Approved: _____

Date

Authorized Agent

PERMIT ISSUE DATE: 11-25-08

Permit expires 60 months from date of issue unless otherwise specified

☐ 30 days from date of issue☐ Other

Authorized Agent

Registration: 1516

NOTE: PERMIT IS SUBJECT TO REVOCATION IF SITE PLANS OR THE INTENDED USE CHANGES.
IMPROVEMENT PERMIT CONDITIONS MUST BE MET.

NOTES:

1. Septic Tank shall have an approved effluent filter and access devices as applicable.
2. Maintain all setback distances for septic tank systems and wells.
3. All components of the septic systems shall be located 100 feet from well.
4. An "Accepted" system may be used in the place of a "conventional" system.

* SEE
ATTACH
PERMIT
DRAWING!

Wastewater System Installer: _____

Date: _____

Comments: (tank info/barrier approved) _____

Rock _____

Polystyrene Aggregate _____

Chamber _____

Other _____

OPERATION PERMIT: _____

Date: _____

Authorized Agent Signature

Actions of local health department representatives or the State engaged in the evaluation and determination of measures required to affect compliance with the applicable laws and rules shall in no way be taken as a warranty that sewage treatment and disposal systems approved and permitted will function in a satisfactory manner for any given period of time. The issuance of this permit does not preclude the Permittee from complying with any and all statutes, rules and regulations or ordinances which may be imposed by other government agencies (local, state, and federal) which have jurisdiction.

* BCHD # 08-69955

* Lot #3

CRASSLAND Rd.
OFF of SUNSET
Harbor Rd.

* NOTE

- ① Primary House is a 3BR & the Accessory Building is a 1BR = 4BR
- ② 1500 gal. septic Tank.
- ③ 18'x40' Bed System From Initial & Repair.
- ④ All H₂O meters & H₂O line must be 10' from any part of the septic system AREA.
- ⑤ It can't gravity flow from 3BR House or 1BR Accessory building must submit pump to cover. Plans from BCHD Approval
- ⑥ Barriers ARE needed to protect septic system AREA.
- ⑦ All these structures built on pilings.
- * ⑧ "see letter"
- * ⑧ Call before installation of septic system for preconstruction Conference.

