

Toe River Health District  
IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION  
Improvement Permit

Permit Number

PIN 183802983514

A building permit cannot be issued with only an Improvement Permit

ISSUED TO:

John Turkey

PROPERTY LOCATION:

Elk River

Lot 190 Bridal Trail

New ☒ Repair ☐ Expansion ☐

Type of Structure: Residence

Proposed Wastewater System Type: 10" Large Diameter Pipe

Projected Daily Flow: 360 GPD

Number of bedrooms: 3 Number of Occupants: 2

Basement ☒ Yes ☐ NoPump Required: ☐ Yes ☒ No ☐ May be required based upon final location and elevations of facilities

Type of Water Supply: Community

Permit valid for: ☒ Five years  
☐ No expiration

Permit conditions:

Authorized State Agent:

J. W. Charles

Date: 8/30/06

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:

John Turkey

PROPERTY LOCATION:

Elk River

Lot 190 Bridal Trail

Facility Type: Residence

☒ New☐ Expansion☐ Repair

Basement?

☒ Yes☐ No

Basement Fixtures?

☒ Yes☐ No

Type of Wastewater System\*\*

10" Large Diameter Pipe (Initial)

Wastewater Flow: 360 GPD

(See note below, if applicable ☐)

10" Large Dia Pipe (Repair)

## Installation Requirements/Conditions

Septic Tank Size: 1000 gallons

Total Trench Length: 300 feet

Trench Spacing: 9 Feet on Center min

Pump Tank Size: N/A gallons

Tranches shall be installed on contour at a  
Maximum Trench Depth of 18 inches  
(Trench bottoms shall be level to +/- 1/4"  
in all directions)

Soil Cover: 6 inches min  
(Maximum soil cover shall not exceed  
36" above the trench bottom)

Pump Requirements: ft. TDH vs. GPM

Aggregate Depth:

6 inches below pipe  
2 inches above pipe  
18 inches total

Conditions:

\*\*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:

J. W. Charles

Date of Issuance: 8/30/06

See Attached site sketch

Jul. 26. 2011 3:46PM

No. 0527 P. 3

183802983514  
PIN ~~183802983514~~

PERMIT NUMBER ~~183802983514~~

### Toe River Health District Operation Permit

System Type: II 10" Large Dia. Pipe 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.

John Turkey  
~~Robert Turkey~~

Owner's Name

Jesse Clatter

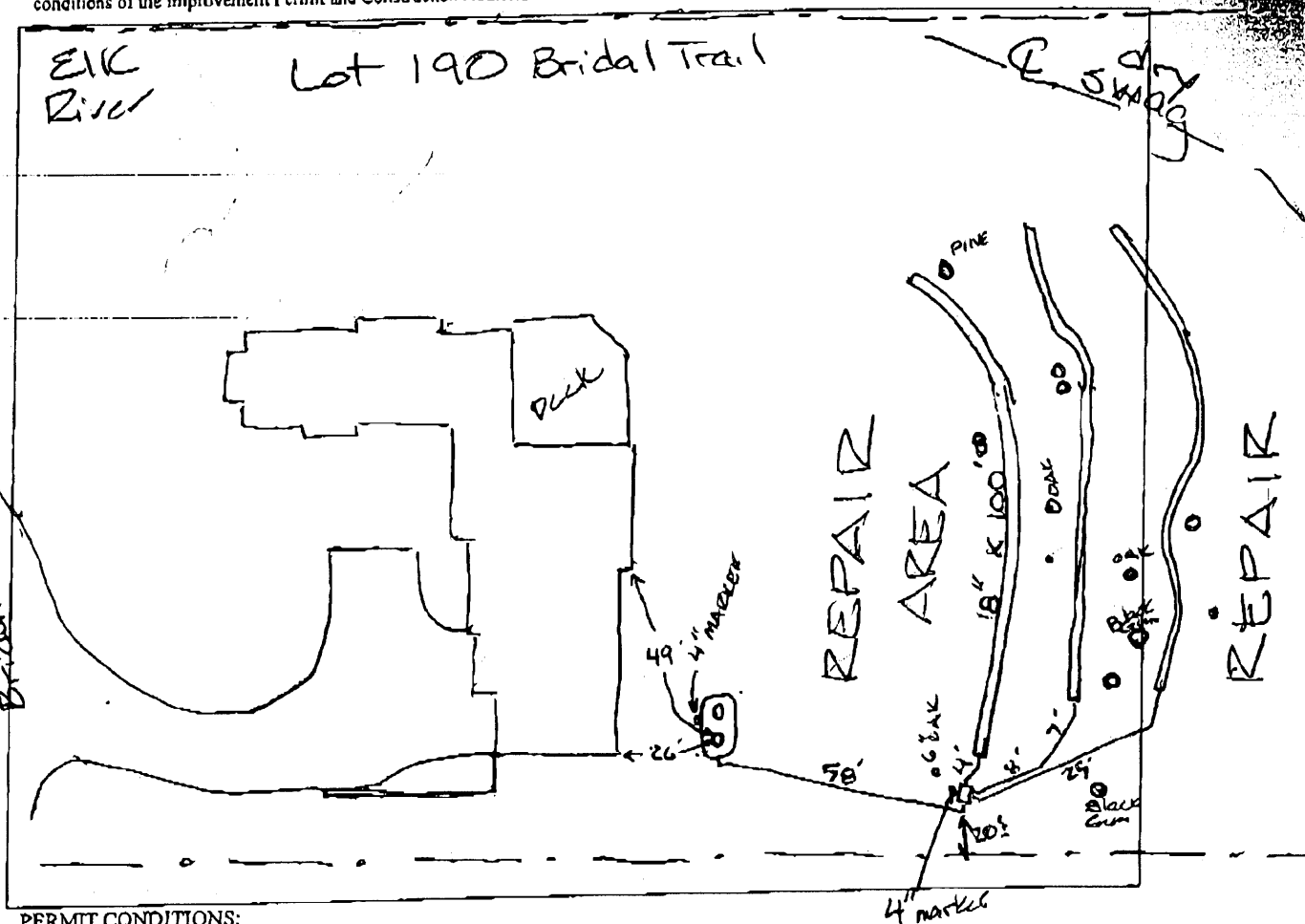
Authorized State Agent

Jones Trucking + Excavating  
System Installer 733-9463

10/16/07

Date of Operation Permit Issuance

This system has been installed in compliance with applicable North Carolina 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: As required by Rule .1961. Other: \_\_\_\_\_

Subsurface system operator required? Yes \_\_\_\_\_ No \_\_\_\_\_

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

IV. Operation: \_\_\_\_\_

V. Other: \_\_\_\_\_