



**Pamlico County  
Health  
Department**

203 North Street  
PO Box 306  
Bayboro, NC 28529  
Tel: (252) 745-5111  
Fax: (252) 745-7684

RE: Parcel ID: C07-24

Dear Sir or Madam:

The installation of the system indicated on the enclosed permit requires that an Authorization to Construct be paid for and obtained before any installation can take place. This authorization is also required before any building permits can be obtained. If the site requires modifications (i.e. drainage, mound construction, etc.), then the required site improvements must be done and inspected prior to the issuance of the authorization to construct. The authorization to construct fee for this system is \$100.00 at this time. This fee is subject to change at the discretion of the Board of Health and the Board of Commissioners. Enclosed you will find an application for an Authorization to Construct and a list of the Pamlico County Registered Installers. The person or company that will be installing your system must be registered with Pamlico County and be a licensed installer (with the appropriate grade level) in the State of North Carolina. Please fill out the Authorization to Construct and pay the fee when you are ready to install your system or prior to obtaining any other required permits.

In addition there will also be an installation inspection fee required to be paid before the issuance of the final operation permit. This permit fee must be paid and all other conditions met prior to the operation permit being released by this department. The fee at this time is \$100.00 and may be paid in conjunction with the authorization to construct.

Thank you for your cooperation in acquiring the Authorization to Construct/Operation Permit. If you have any questions feel free to contact us at 745-5634.

Sincerely,

*Bryan C. Harris, REHS*

Bryan C. Harris, REHS  
Environmental Health Coordinator

**PAMLICO COUNTY HEALTH DEPARTMENT**

P.O. BOX 306

**BAYBORO, N.C. 28515**

**IMPROVEMENT/ WELL PERMIT**  
(Valid 5 years)

Owner: Kelly Manion  
Owner Address: 540 Ploughmans Bend Drive  
Owner Address(2): Franklin, TN 37064  
Owner Phone #: 615-364-1615  
Property Address: Creek Pointe S/D LOT # 24  
Property Address(2): Marsh View Drive  
PIN: 007-24  
Record #: 78672  
Establishment Type: Home  
Type of Well: Private Well  
Design Flow (GPD): 360

**Initial Site**  
Wastewater System: Conventional Pipe  
Long Term Acceptance Rate (GPD/SQFT): 0.6  
Trench Width: 3.0 FT  
Trench Spacing (OC): 9 FT  
Trench Bottom From NGL: -20 IN  
Septic Tank Volume: 1000 GAL

**Repair Site**  
Wastewater System: Conventional Pipe  
Long Term Acceptance Rate (GPD/SQFT): 0.6  
Trench Width: 3.0 FT  
Trench Spacing (OC): 9 FT  
Trench Bottom From NGL: -18 IN  
Septic Tank Volume: 1000 GAL

Install 4 lines (3' x 50') conventional rock trenches for initial and repair. Lines should be 18-20 inches deep maximum. Well location is shown on permit. Well must maintain 100' S/B from system and 25' S/B from any building foundation. Contact HD if you have any questions regarding this permit. Telephone (252) 746-6634

**AN AUTHORIZATION TO CONSTRUCT MUST BE OBTAINED AND ALL FEES PAID PRIOR TO WASTEWATER SYSTEM INSTALLATION**

**THE PAMLICO COUNTY HEALTH DEPARTMENT RESERVES THE RIGHT TO REVOKE THIS PERMIT IF THE SITE IS ALTERED, INTENDED USE IS CHANGED, OR ANY INFORMATION IS FALSIFIED.**

**ANY CHANGES TO THIS PERMIT WILL REQUIRE A REDESIGN PERMIT AND SUBSEQUENT FEE.**

Authorized Agent: Bryan C. Harris REHS #1524 Date 10/25/2013