



IMPROVEMENT PERMIT
Beaufort County Health Department

Environmental Health Section

220 North Market St.

Washington NC 27889

Phone: 252-946-6048 Fax: 252-946-2074

For Office Use Only

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*CDP File Number: 52503 - 3

County ID Number: 6598587857

Evaluated For: REPAIR

PERMIT VALID UNTIL: 06 / 15 / 2026

*NOTE TO INSPECTIONS DIVISION: Building Permits cannot be issued with only an Improvement Permit. Fill Sheet CA?

Applicant: William Berry
 Address: 116 Maverick Ct
 City: Stephens City
 State/Zip: VA 22655
 Phone #: (571) 722-7580

Property Owner: William Berry
 Address: 116 Maverick Ct
 City: Stephens City
 State/Zip: VA 22655
 Phone #: (571) 722-7580

Address: 532 Lewis Road
 Road #: Aurora NC 27806
 Township: _____
 Structure: SINGLE FAMILY
 # of Bedrooms: 2
 # of People: 4
 *Water Supply: PUBLIC

Property Location & Site Information
 Subdivision: Jarvis Landing Phase: _____ Lot: _____
Directions
 Lewis Road

Initial System
 *Site Classification: N/A

Saprolite System? Yes No
 Design Flow: 2 4 0
 Soil Group: III
 Soil Application Rate: _____

System Specifications
 Minimum Trench Depth: 1 2 Inches
 Maximum Trench Depth: 1 2 Inches
 Fill Depth: _____ Inches
 Septic Tank: 1 0 0 0 Gallons
 Pump Required: Yes No May Be Required
 Pump Tank: 1 0 0 0 Gallons

*System Classification/Description:
 TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)
 *Proposed System: CONVENTIONAL

Repair System Required: Yes No No, but has Available Space

Repair System
 *Site Classification: _____
 Soil Application Rate: _____

*System Classification/Description: _____

*Proposed System: _____

Minimum Trench Depth: _____ Inches
 Maximum Trench Depth: _____ Inches
 Fill Depth: _____ Inches
 Pump Required: Yes No May be Required
 Pump Tank: _____ Gallons

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

***Site Modification**
 The following must be done prior to issuance of an Authorization to Construct: (1) Have property corners near system area located. (2) Provide a detailed site plan.

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.

***Permit Conditions**
 Pump, crush, & fill existing septic tank. System consist of 1000 gal. septic tank, 1 d-box, all piping, 7 (3' x 35') approved drainlines (no reduction) installed on 3' centers in a 21' X 35' bed, & 6" topsoil cover. Sandline last 10' of bed excavate to 30" depth or into sand. A pump tank may be required depending on elevation of plumbing.

The Department and Local Health Department may impose conditions on the issuance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation if the site plan, plat, or intended use changes (NCGS 130A-335(f)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting, and repair (.1938(b)).

*Authorized State Agent: 2319 - Dahlem, Blake Date of Issue: 06 / 15 / 2021
 Authorized State Agent Signature: *[Signature]*
 Owner/Applicant Signature: _____

Site Plan/Drawing attached.
 Hand Drawing Import Drawing

Characters Remaining 585

Characters Remaining 3657

