

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	
CDP File Number:	<u>122097 - 2</u>
County ID Number:	<u>6692517108</u>
Evaluated For:	<u>NEW</u>

PERMIT VALID UNTIL: 03/02/2029

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

Applicant: Linda Hanchey
 Address: 607 Teasterwood Rd
 City: Mouth of Wilson
 State/Zip: VA 24363
 Phone #: (252) 945-3618

Property Owner: Laura Christensen
 Address: P.O Box 3421
 City: Truckee
 State/Zip: CA 96160
 Phone #: _____

Address: Wheat Patch Road
Belhaven, NC 27810 Subdivision: Smuggler's Cove Block/Phase: _____ Lot: 77
 Road #: 1731 Directions
Off Wheat Patch Road
 Township: _____
 Structure: SINGLE FAMILY
 # of Bedrooms: 3 # of People: 6
 Water Supply: PUBLIC

Initial System	System Specifications
Usable Soil Depth: <u>24</u>	Minimum Trench Depth: _____ <u>12</u> Inches
Saprolite System?: <u>No</u>	Maximum Trench Depth: _____ <u>12</u> Inches
Design Flow: <u>360</u>	Fill Depth: _____ <u>6</u> Inches
Soil Group: <u>III</u>	Septic Tank: _____ <u>1000</u> Gallons
Soil Application Rate: <u>0.3</u>	Pump Required: <u>May be required</u>
System Classification/Description: _____	Pump Tank: _____ <u>1000</u> Gallons
<u>TYPE II C. CONV. SYSTEM WITH SHALLOW PLACEMENT</u>	Proposed System: <u>25% REDUCTION</u>

Repair System Required: Yes

Repair System	System Specifications
Usable Soil Depth: <u>24</u>	Minimum Trench Depth: _____ <u>12</u> Inches
Soil Application Rate: <u>0.3</u>	Maximum Trench Depth: _____ <u>12</u> Inches
System Classification/Description: _____	Fill Depth: _____ <u>6</u> Inches
<u>TYPE II C. CONV. SYSTEM WITH SHALLOW PLACEMENT</u>	Pump Required: <u>May be required</u>
Proposed System: <u>25% REDUCTION</u>	Pump Tank: _____ <u>1000</u> Gallons

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

Site Modifications
Some trees and brush will have to be removed prior to installation

Permit Conditions
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.
1000gal septic tank, distribution box, all piping and 3 (3' x 100') 25% reduction drainlines for initial and repair; 6" topsoil cover required; An Authorization to Construct will be issued upon approval of Beaufort County Health Department and any other permitting agencies

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 (per rule .0301(a)).

Authorized State Agent: 2018 - Hager, Matthew Date of Issue: 03/02/2024

Authorized State Agent Signature: [Signature]

Owner/Applicant Signature: _____

RD

