

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: 121094 - 2
 County ID Number: 5696862841
 Evaluated For: REPAIR
 PERMIT VALID UNTIL: 07/14/2030

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

Applicant: Miriam Ortiz
 Address: 115 N. Bridge St
 City: Washington
 State/Zip: NC 27889
 Phone #: (252) 402-6617

Property Owner: Miriam Ortiz
 Address: 115 N. Bridge St
 City: Washington
 State/Zip: NC 27889
 Phone #: (252) 402-6617

Address: Cherry Road
Washington, NC 27889
 Road #: 1516
 Township: _____
 Structure: SINGLE FAMILY
 # of Bedrooms: 3 # of People: 6
 Water Supply: PUBLIC

Property Location & Site Information
 Subdivision: _____ Block/Phase: _____ Lot: _____
Directions
 Passing Washington High School and getting to an intersection before the
 Slatestone gas station, make a left, and theres an empty lot on the left.

Initial System
 Usable Soil Depth: 30
 Saprolite System?: No
 Design Flow: 360
 Soil Group: III
 Soil Application Rate: 0.3
 System Classification/Description: _____

System Specifications
 Minimum Trench Depth: _____ 18 Inches
 Maximum Trench Depth: _____ 18 Inches
 Fill Depth: _____ Inches
 Septic Tank: _____ 10000 Gallons
 Pump Required: No
 Pump Tank: _____ Gallons
 Proposed System: 25% REDUCTION

TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Repair System Required: NO

Repair System
 Usable Soil Depth: _____
 Soil Application Rate: _____
 System Classification/Description: _____
 Proposed System: _____

Minimum Trench Depth: _____ Inches
 Maximum Trench Depth: _____ Inches
 Fill Depth: _____ Inches
 Pump Required: _____
 Pump Tank: _____ Gallons

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

Site Modifications

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.
 Remove all trees from system area prior to installation. Pump out septic tank, & check tee. Install 1 d-box, all piping & 5 (3' x 60') approved drainlines (reduction taken). Maintain all setbacks. Landscape system area to shed water.

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: 2319 - Dahlem, Blake Date of Issue: 07/14/2025
 Authorized State Agent Signature: [Signature]
 Owner/Applicant Signature: _____