

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: 409580 - 1

County ID Number: 6659-34-0678

Evaluated For: NEW

PERMIT VALID UNTIL: 03/27/2029

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

Applicant: Hood Richardson PA

Address: 110 W 2nd St

City: Washington

State/Zip: NC 27889

Phone #: (252) 975-3472

Property Owner: Linda Evans & Cyndia Wilkins

Address: 107 Covey Lane

City: Clayton

State/Zip: NC 27520

Phone #: (919) 553-7107

Address: Nc Hwy 32 North **Property Location & Site Information**

Pinetown, NC 27865 Subdivision: _____ Block/Phase: _____ Lot: 1

Road #: 32 **Directions**

Township: _____ From Windley Canal Road & intersection of 32 lots on left (westside of road)

Structure: SINGLE FAMILY

of Bedrooms: 3 # of People: 6

Water Supply: PUBLIC

<u>Initial System</u>	<u>System Specifications</u>
Usable Soil Depth: <u>48</u>	Minimum Trench Depth: <u>18</u> Inches
Saprolite System?: <u>No</u>	Maximum Trench Depth: <u>18</u> Inches
Design Flow: <u>360</u>	Fill Depth: _____ Inches
Soil Group: <u>II</u>	Septic Tank: <u>1000</u> Gallons
Soil Application Rate: <u>0.6</u>	Pump Required: <u>May be required</u>
System Classification/Description: _____	Pump Tank: <u>1000</u> Gallons
	Proposed System: <u>CONVENTIONAL</u>

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

Repair System Required: Yes

<u>Repair System</u>	<u>System Specifications</u>
Usable Soil Depth: <u>48</u>	Minimum Trench Depth: <u>18</u> Inches
Soil Application Rate: <u>0.6</u>	Maximum Trench Depth: <u>18</u> Inches
System Classification/Description: _____	Fill Depth: _____ Inches
<u>TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)</u>	Pump Required: <u>May be required</u>
Proposed System: <u>CONVENTIONAL</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

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 4 (3' x 50') conventional drainlines for initial and repair; soil cloth required; Construction Authorization will be issued upon approval of final site plan by BCHD

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: 03/27/2024

Authorized State Agent Signature:

Owner/Applicant Signature: _____

