

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: 384937 - 1
 County ID Number: 5683476170
 Evaluated For: NEW
 PERMIT VALID UNTIL: 12/13/2027

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

Applicant: William S. Deatherage
 Address: 106 Beechtree St
 City: Washington
 State/Zip: NC 27889
 Phone #: (252) 946-2361

Property Owner: William S. Deatherage
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 City: Washington
 State/Zip: NC 27889
 Phone #: (252) 946-2361

Property Location & Site Information
 Address: Moore's Beach Road
 Chocowinity, NC 27817 Subdivision: Calf Creek Phase I Block/Phase: _____ Lot: 3
 Road #: _____
 Township: _____
 Structure: SINGLE FAMILY
 # of Bedrooms: 4 # of People: 8
 *Water Supply: PUBLIC
 Directions
 off SR 1177 turn left on Beans Bend

Initial System **System Specifications**
 *Site Classification: Provisionally Suitable Minimum Trench Depth: 18 Inches
 Saprillite System? No Maximum Trench Depth: 24 Inches
 Design Flow: 480 Fill Depth: _____ Inches
 Soil Group: III Septic Tank: 1000 Gallons
 Soil Application Rate: 0.4 Pump Required: May be required
 *System Classification/Description: _____ Pump Tank: 1000 Gallons
 *Proposed System: CONVENTIONAL
 TYPE II A CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Repair System Required: Yes

Repair System
 *Site Classification: PS Drip Minimum Trench Depth: 2 Inches
 Soil Application Rate: 0.15 Maximum Trench Depth: 2 Inches
 *System Classification/Description: _____ Fill Depth: _____ Inches
 TYPE V F ANAEROBIC DRIP Pump Required: Yes
 Pump Tank: 1000 Gallons
 *Proposed System: DRIP

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.
***Site Modifications**
 The following must be done prior to issuance of an Authorization to Construct: (1) Clear septic area of all trees. (2) Provide a detailed site plan approved by BCHD & flag house location in field. (3) Have property lines clearly marked.

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**
 Septic system consists of a 1000 gal. septic tank, 1 d-box, all piping & 4 (3' x 100') conventional drainlines. 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: 12/13/2022

Authorized State Agent Signature: [Signature]

Owner/Applicant Signature: _____