

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>50467 - 2</u>
County ID Number:	<u>6691-17-4794</u>
Evaluated For:	<u>NEW</u>

PERMIT VALID UNTIL: 11/02/2028

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

Applicant: Justin R. Duda
 Address: 811 Bucks Hill Rd
 City: Southbury
 State/Zip: CT 06488
 Phone #: (203) 648-1769

Property Owner: Justin R. Duda
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 City: Southbury
 State/Zip: CT 06488
 Phone #: (203) 648-1769

Address: McGowen Rd **Property Location & Site Information**
Bath, NC 27808 Subdivision: Carolina Shores Block/Phase: _____ Lot: 77
 Road #: _____ **Directions**
 Township: _____ Carolina Shores
 Structure: SINGLE FAMILY
 # of Bedrooms: 3 # of People: 6
 *Water Supply: PUBLIC

Initial System	System Specifications
*Site Classification: <u>PS w/Fill</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: _____ <u>18</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 III C. GRAVITY FILL SYSTEM</u>	*Proposed System: <u>FILL/MOUND</u>

Repair System Required: Yes

Repair System	System Specifications
*Site Classification: <u>PS Drip</u>	Minimum Trench Depth: _____ <u>2</u> Inches
Soil Application Rate: <u>0.15</u>	Maximum Trench Depth: _____ <u>2</u> Inches
*System Classification/Description: _____	Fill Depth: _____ <u>6</u> Inches
<u>TYPE V F. ANAEROBIC DRIP</u>	Pump Required: <u>Yes</u>
*Proposed System: <u>DRIP</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**
 Contact BCHD @ (252) 946-6048 to set benchmark prior to beginning work on mound
 Some trees 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 4 (3' x 100') conventional drainlines in 18" fill; maintain setbacks; Construction Authorization to be issued when fill requirements are met and when final site plan is approved 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 (.1938(b)).

*Authorized State Agent: 2018 - Hager, Matthew Date of Issue: 11/02/2023

Authorized State Agent Signature:

Owner/Applicant Signature: _____

