

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: 52809 - 2

County ID Number: 6621591096

Evaluated For: NEW

PERMIT VALID UNTIL: 08/30/2029

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

Applicant: Robert Larson

Address: 515 Gallberry Dr

City: Cary

State/Zip: NC 27519

Phone #: (919) 252-9745

Property Owner: Robert Larson

Address: 515 Gallberry Dr

City: Cary

State/Zip: NC 27519

Phone #: (919) 252-9745

Address: 510 Driftwood Drive

Road #: 1102

Township: _____

Structure: SINGLE FAMILY

of Bedrooms: 4 # of People: 8

Water Supply: PUBLIC

Property Location & Site Information

Blounts Creek, NC 27814 Subdivision: Crystal Beach Block/Phase: _____ Lot: 10/11

Directions

Main Road in Crystal Beach

<u>Initial System</u>	<u>System Specifications</u>
Usable Soil Depth: <u>27</u>	Minimum Trench Depth: <u>12</u> Inches
Saprolite System?: <u>No</u>	Maximum Trench Depth: <u>14</u> Inches
Design Flow: <u>480</u>	Fill Depth: _____ 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
	Proposed System: <u>25% REDUCTION</u>

TYPE II C. CONV. SYSTEM WITH SHALLOW PLACEMENT

Repair System Required: No

<u>Repair System</u>	<u>System Specifications</u>
Usable Soil Depth: _____	Minimum Trench Depth: _____ Inches
Soil Application Rate: _____	Maximum Trench Depth: _____ Inches
System Classification/Description: _____	Fill Depth: _____ Inches
	Pump Required: _____
Proposed System: _____	Pump Tank: _____ Gallons

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) Have lots 10 & 11 placed on one deed and combined into one lot at Land Records. (2) Provide a detailed site plan approved by BCHD. (3) Have property lines clearly marked.

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. Repair area not required 15A NCAC 18E .0508 (c). The septic system consists of a 1000 gal. septic tank, 1 d-box, all piping, 6 (3' x 70') approved drainlines (reduction taken), & 6" topsoil cover.

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: 08/30/2024

Authorized State Agent Signature: *Blake Dahlem*

Owner/Applicant Signature: _____

