

HEALTH DEPARTMENT RELEASE



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 45343 - 2
 6652-81-7193
 County File Number:
 Evaluated For: **EXISTING**

PERMIT VALID UNTIL: 05 / 28 / 2019

Applicant: Kurt Westerfield
 Address: 233 Clarendon Ave
 City: Bath
 State/Zip: NC 27808
 Phone #: (252) 495-2667

Property Owner: Dwight Humphrey
 Address: 233 Clarendon Ave
 City: Bath
 State/Zip: NC 27808
 Phone #: (252) 495-2667

Property Location & Site Information

Address Dwight C. Humphrey Subdivision: _____ Phase: _____ Lot: _____
 Road # Bath, NC NC 27808
 *Structure: SINGLE FAMILY Township: _____
 # of Bedrooms: 3 # of People: 6 **Directions**
92 to Bayview--right at water tower--first left--right at stop sign
(Clarendon)--first trailer on left.
 *Water Supply: COMMUNITY Type of Business: _____
 Basement: Yes No Total sq. Footage: _____ No. Of Employees: _____

*Proposed Improvement:

Home replacement

*Release Conditions

It is the responsibility of the owner to maintain a 5' minimum setback between the wastewater system and any part of the structure foundation, including porches, decks, and any other appurtenances. If you are unsure as to the exact location of the septic system, please have a licensed installer or inspector locate the septic system for you. The local county health department in no way implies that the proposed construction meets the required setbacks from the septic system unless otherwise noted. This release only shows that this property has an approved wastewater system that appears to have met the permitting requirements at the time it was installed.

This release in no way expresses or implies that the existing subsurface sewage treatment and disposal system serving the site will continue to function for any period of time.

Applicant/Legal Reps. Signature Required? Yes No

Applicant/Legal Reps. Signature: _____ *Date: _____ / _____ / _____

*Issued By: 2018 - Hager, Matthew *Date of Issue: 11 / 28 / 2018

Authorized State Agent: *LM, JAS*

****Site Plan/Drawing attached.****

Hand Drawing Import Drawing

Characters Remaining

85



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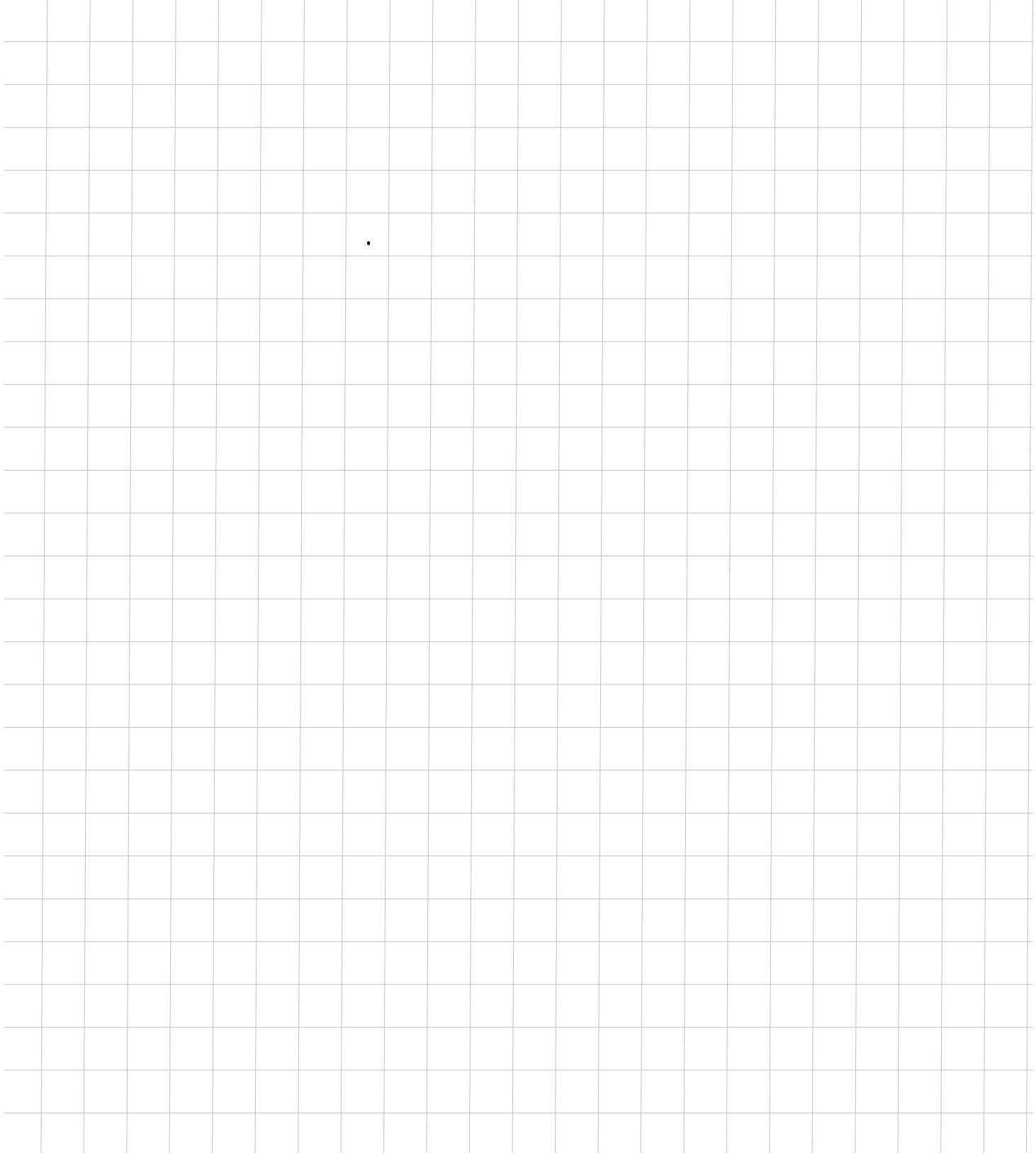
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Drawing Type:

Health Department Release

Scale: _____ Inch
 Block = _____ ft.
 N/A





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