



Environmental Health Section
 220 North Market St.
 Washington, NC 27889
 Phone: 252-946-6048 FAX: 252-946-2074

File Number: 367660 - 1

Date: 06/27/2022

Fill System Specification Sheet

Applicant: James H Roberson Jr.

Required Fill: 24 Inches

Location: Meadowbrook Lane

Area of Fill: 56 X 126

Washington, NC 27889

Soil Classification: PS w/Fill

FILL REQUIREMENTS

These requirements for fill must be completed and then approved by the County Health Department prior to issuance of an Authorization to Construct. Fill material must be Group 1 (sand or loamy-sand) texture to the top of the treatment and disposal trench(es). The final 6" of fill material shall be a finer texture soil (sandy loam or sandy clay loam topsoil) for the establishment of vegetative cover. Fill material must be approved by the County Health Department prior to placement on site. Laboratory testing (particle size analysis) may be required to provide proof of fill material texture.

INSTALLATION & INSPECTIONS

The area designated for the septic system shall be indicated on the Improvements Permit. Failure to install fill in the approved location may result in the fill having to be moved. Careful attention must be given to the preparation of the site to ensure that the septic system will function properly. Do not work the soil in wet conditions if the soil is Class II, III, or IV (refer to above for your soil classification). Working a Class II, III, or IV soil in wet conditions can destroy the soil characteristics and may also prevent an Authorization to Construct from being issued. Remove vegetative cover from designated area without removing any soil. Disc natural soil surface in multiple directions to break up root mat to a depth of 6 inches prior to adding any fill material. Add 6" of approved fill to area and disc again in multiple directions thoroughly until fill material is incorporated with the natural soil surface. The first 6" is most critical during installation. At this point, contact the County Health Department for a **cut-in inspection**. Once a cut-in inspection is completed and approved by this office, add remaining fill material to within 6" of the required height of the mound. Contact this office upon completion for a **fill inspection**. Completion of the above requirements will allow an Authorization to Construct to be issued for the site. Required topsoil cover must be on site prior to issuance of an Operation Permit.

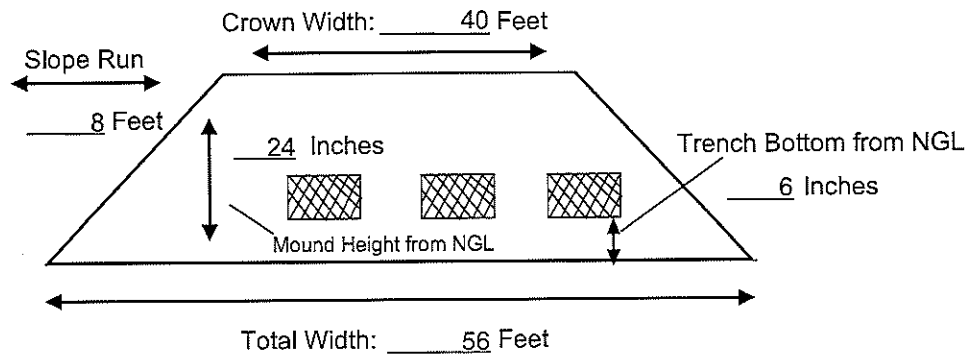
 Environmental Health Specialist

 Environmental Health Specialist

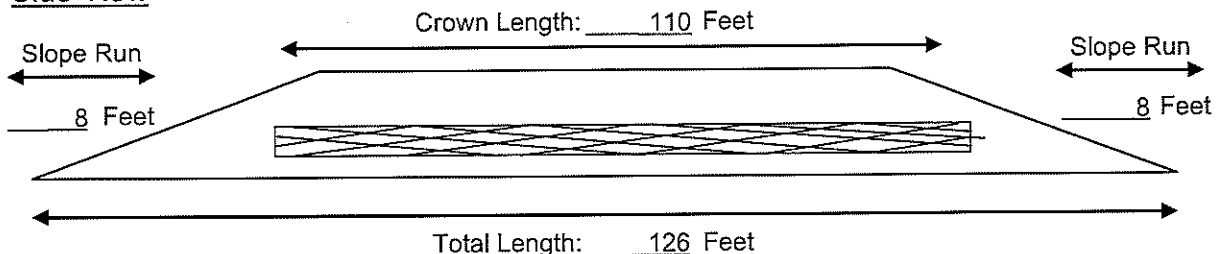
Date of cut-in Inspection _____

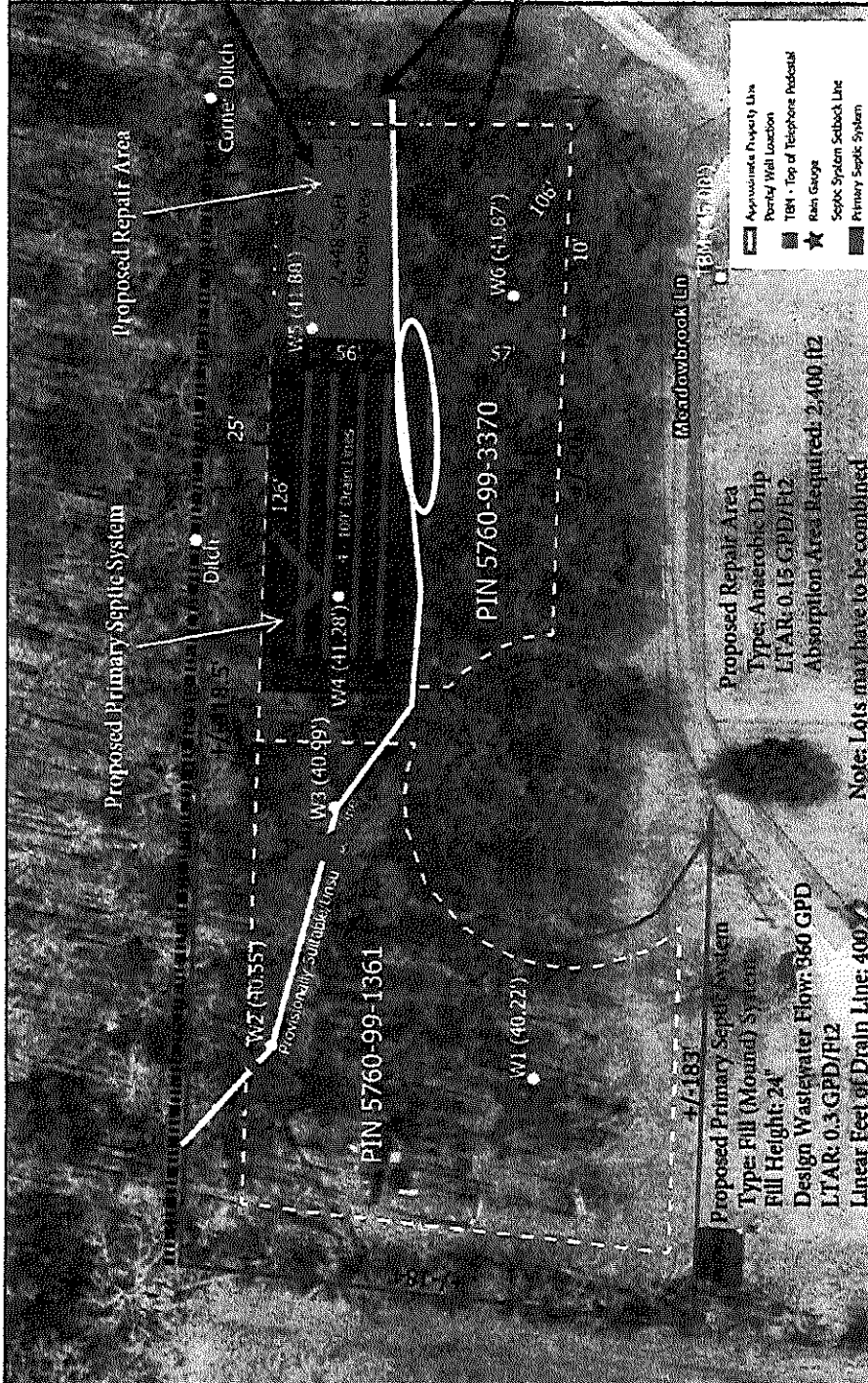
Date of fill Inspection _____

End View



Side View





Minimum 15-foot Horizontal Separation Distance to the Nearest Edge of the Drainage Ditch

Require the Installation of (2) New Drainage Laterals (i.e. Ditches or Sub-surface Drainage Tiles) to be Located on the South- and East-side of the Proposed Initial and Designated Repair Area Drainfield. New Ditches or Sub-surface Drainage Tiles to Connect and Outfall to the Existing Drainage Ditch Located on the North-side Property Line.

If Approved [i.e. Permit(s) Issued], are conditioned Requiring the Property Owner to Comply with 15A NCAC 18A .1956(2)(d) & (e) MODIFICATIONS TO SEPTIC TANK SYSTEMS, DRAINAGE AND RESTRICTIVE HORIZONS.

Prepared 2/24/2022, by T.Crissman, REHS, Reg. Scientist, OSWP Branch, Env. Health Sect., Div. Public Health, NCDHHS. Not an Approval, Not a Permit.

Parcel: GPIN 5760-99-3370 & 5760-99-1361 Beaufort County, NC

Client: Jim Roberson

Property lines shown are from Beaufort County GIS and may not properly depict actual property lines.

12/31/2021

ESS
 Environmental and Soil Service Inc
 PO Box 82
 Hethers, NC 27864

Proposed Primary Septic System
 Type: Anaerobic Drip
 LTR: 0.15 GPD/ft²
 Absorption Area Required: 2,400 ft²
 Note: Lots may have to be combined

Proposed Primary Septic System
 Type: Fill (Mound) System
 Fill Height: 24"
 Design Wastewater Flow: 360 GPD
 LTR: 0.3 GPD/ft²
 Linear Feet of Drain Line: 400'

- Approximate Property Line
- Perched Well Location
- TBM - Top of Telephone Pedestal
- ★ Rain Gauge
- ▭ Septic System Subsoak Line
- ▭ Primary Septic System

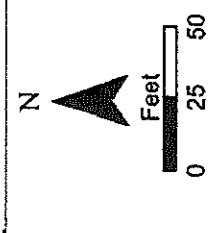


Figure 1

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: 367660 - 1

County ID Number: 5760993370

Evaluated For: NEW

PERMIT VALID UNTIL: 06/27/2027

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

Applicant: James H Roberson Jr.

Address: 1870 Prison Camp Rd

City: Williamston

State/Zip: NC 27852

Phone #: (252) 809-2382

Property Owner: James H Roberson Jr.

Address: 1870 Prison Camp Rd

City: Williamston

State/Zip: NC 27852

Phone #: (252) 809-2382

Address: Meadowbrook Lane **Property Location & Site Information**

Road #: Washington, NC 27889 Subdivision: _____ Phase: _____ Lot: _____

Township: _____ **Directions**

Structure: SINGLE FAMILY US 17 N 9 miles

of Bedrooms: 3

of People: _____

*Water Supply: PUBLIC

<u>Initial System</u>	<u>System Specifications</u>
*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>24</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>CONVENTIONAL</u>

Repair System Required: Yes

<u>Repair System</u>	<u>System Specifications</u>
*Site Classification: <u>PS Drip</u>	Minimum Trench Depth: _____ <u>1</u> Inches
Soil Application Rate: <u>0.15</u>	Maximum Trench Depth: _____ <u>1</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**

Installation of (2) new drainage laterals to be located on south and east side of permitted system and repair areas is required prior to issuance of a CA

***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 24" fill; Anaerobic Drip Repair; Fill requirements must be met and final site plan must be approved prior to issuance of a Construction Authorization.

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: 06/27/2022

Authorized State Agent Signature: [Signature]

Owner/Applicant Signature: _____