

Lot # 1 \$90,000 3.98 AC
+ -

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>376659 - 1</u>
County ID Number:	<u>5655051250</u>
Evaluated For:	<u>NEW</u>

PERMIT VALID UNTIL: 06/17/2027

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

Applicant: David Briley Jr
 Address: 44 Godley Rd
 City: Chocowinity
 State/Zip: NC 27817
 Phone #: (252) 402-7098

Property Owner: David Briley Jr
 Address: 44 Godley Rd
 City: Chocowinity
 State/Zip: NC 27817
 Phone #: (252) 402-7098

Address: Hwy 33 **Property Location & Site Information**
 Road #: Grimesland, NC 27837 Subdivision: _____ Phase: _____ Lot: 5
 Township: _____ **Directions**
 Structure: SINGLE FAMILY Towards Grimesland -left side of road -county line
 # of Bedrooms: 3
 # of People: 6
 *Water Supply: PUBLIC

Initial System		System Specifications	
*Site Classification:	<u>PS @ Grade w/Cap</u>	Minimum Trench Depth:	<u>12</u> Inches
Saprolite System?	<u>No</u>	Maximum Trench Depth:	<u>12</u> Inches
Design Flow:	<u>360</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:	<u>TYPE II C. CONV. SYSTEM WITH SHALLOW PLACEMENT</u>	Pump Tank:	<u>1000</u> Gallons
		*Proposed System:	<u>25% REDUCTION</u>

Repair System Required: Yes

Repair System		System Specifications	
*Site Classification:	<u>PS 10" LDP w/Cap</u>	Minimum Trench Depth:	<u>12</u> Inches
Soil Application Rate:	<u>0.3</u>	Maximum Trench Depth:	<u>12</u> Inches
*System Classification/Description:	<u>TYPE II C. CONV. SYSTEM WITH SHALLOW PLACEMENT</u>	Fill Depth:	_____ Inches
		Pump Required:	<u>May be required</u>
*Proposed System:	<u>25% REDUCTION</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

The following must be done prior to issuance of an Authorization to Construct: (1) Provide a survey approved by Planning & Registered with Register of Deeds. (2) Provide a detailed site plan approved by BCHD.

*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.

Septic system consists of a 1000 gal. septic tank, 1 d-box, all piping, 4 (3' x 75') accepted drainlines (reduction taken), & 6" topsoil cover. A pump tank may be required depending on house location & elevation of plumbing.

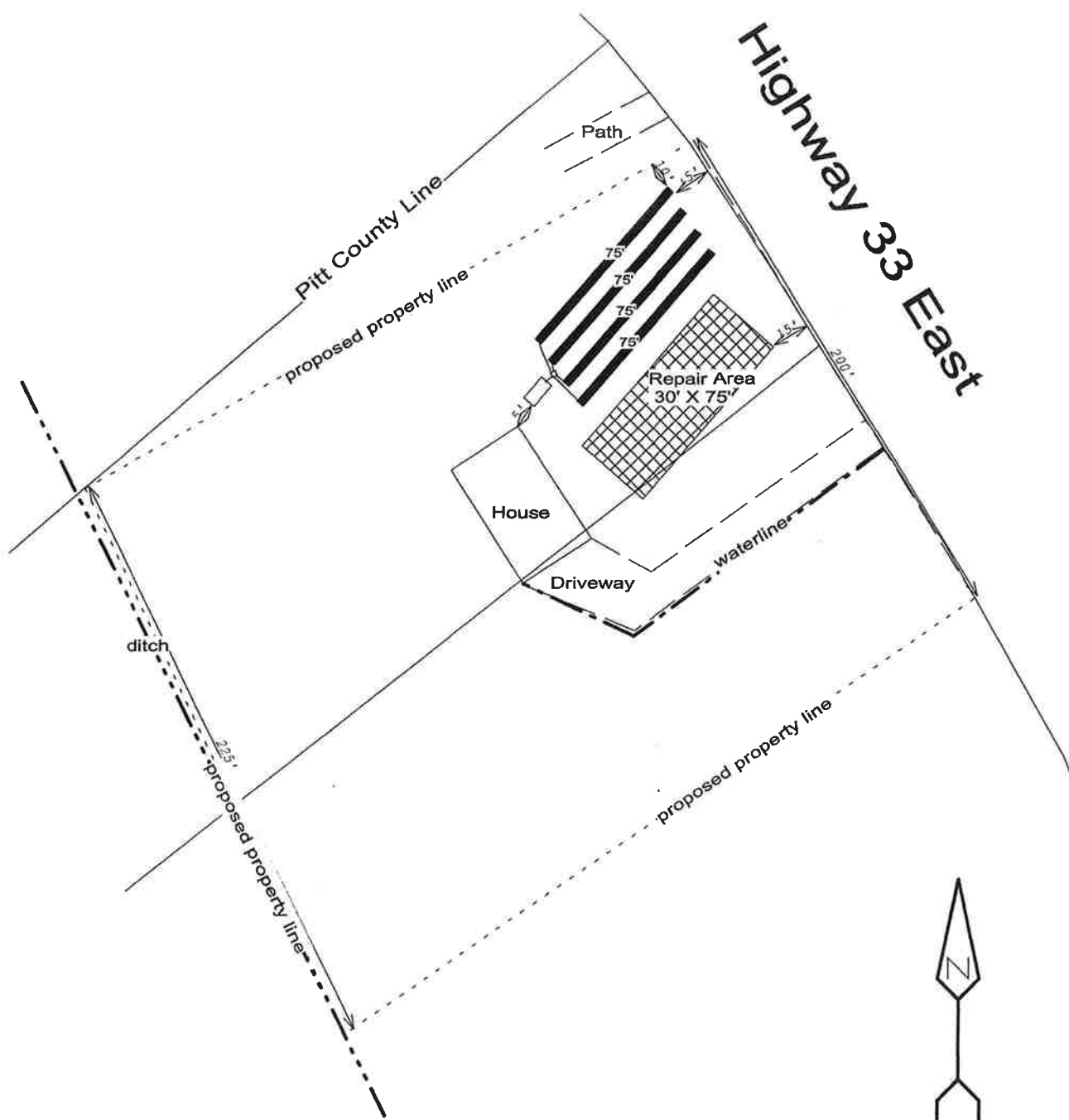
The Department and Local Health Department may impose conditions on the issuance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation if the site plan, plat, or intended use changes (NCGS 130A-335 (f)). The person 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: 06/17/2022

Authorized State Agent Signature: [Signature]

Owner/Applicant Signature: _____



60.00 feet
1:720