



CONSTRUCTION AUTHORIZATION

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

Page 1 of 2

*CDP File Number 267287 - 1

County ID Number: 6604814225

Evaluated For: REPAIR

PERMIT VALID UNTIL: 07 / 26 / 2023

Open Pump System Sheet

Applicant: Ruth E. Murphy
 Address: 103 Creekview Lane
 City: Washington
 State/Zip: NC 27889
 Phone #: (252) 940-0896

Property Owner: Ruth E. Murphy
 Address: 103 Creekview Lane
 City: Washington
 State/Zip: NC 27889
 Phone #: (252) 940-0896

Property Location & Site Information

Address 103 Creekview Lane
 Road # Washington NC 27889
 Township: _____
 Structure: SINGLE FAMILY
 # of Bedrooms: 4
 # of People: 8
 *Water Supply: PUBLIC

Subdivision: Pamlico Plantation
 Phase: _____
 Lot: 17

Directions
 Pamlico Plantation make right, make left Creekview Lane

System Specifications

*Site Classification: N/A

Saprolite System? Yes No
 Design Flow: 480
 Soil Application Rate: _____
 *System Classification/Description:
 TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System: CONVENTIONAL

Nitrification Field 450 Sq. ft.
 No. Drain Lines 5
 Total Trench Length: 150 ft.
 Trench Spacing: 3 Inches O.C. Feet O.C.
 Trench Width: 3 Inches Feet
 Aggregate Depth: 12 inches

Minimum Trench Depth: 18 Inches
 Maximum Trench Depth: 24 Inches
 Minimum Soil Cover: _____ Inches from "Natural Ground Level"
 Maximum Soil Cover: _____ Inches "Natural Ground Level"
 *Distribution Type: GRAVITY - PARALLEL (eq. d-box)
 Septic Tank: 1000 Gallons
 Pump Required: Yes No
 Pump Tank: _____ Gallons
 Grease Trap: _____ Gallons
 Septic Tank Installer I II III IV
 Grade Level Required: _____

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.

***Permit Conditions** Pump tank; check sanitary tee; set new distribution box, all piping and install 5 approved drainlines in (15' x 30') bed; use soil cloth; maintain setbacks

Characters Remaining
1843

This Authorization for Wastewater System Construction shall be valid for a period equal to the period of validity of the Improvement Permit and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization is found to have been incorrect, falsified or changed, or the site is altered, the permit or Construction Authorization shall become invalid, and may be suspended or revoked (.1937(g)). 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 *[Signature]*

*Date of Issue: 07 / 26 / 2018

Owner/Applicant Signature: _____

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

Malfunction Log Yes

Hand Drawing Import Drawing



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CDP File Number:

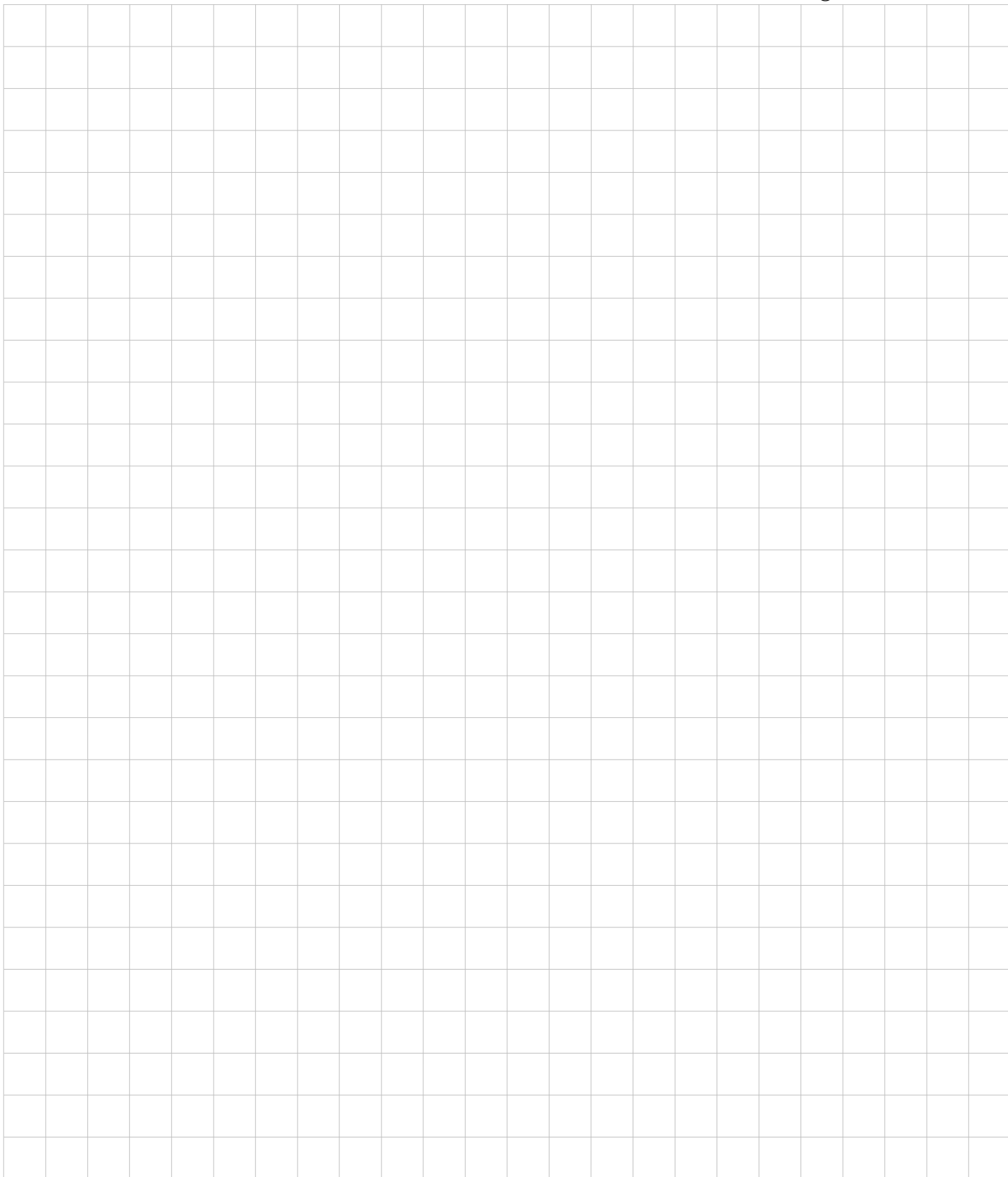
6604814225

County File Number:

Date: 07 / 26 / 2018

Drawing Drawing Type: Construction Authorization

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



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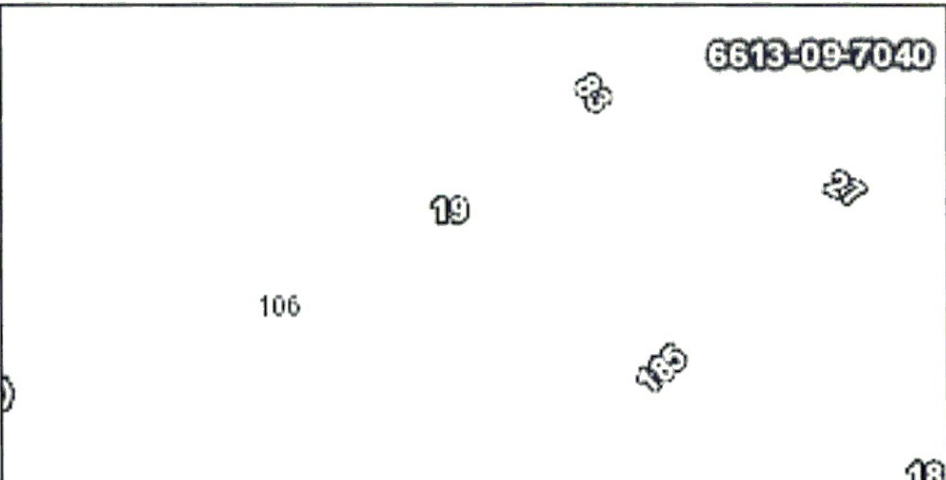
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NOT TO SCALE

