

# 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: 175398 - 1

County ID Number: 6632494815

Evaluated For: NEW

PERMIT VALID UNTIL: 12/19/2029

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

Applicant: Jeremy Z. Jose

Address: 414 Hackney Ave

City: Washington

State/Zip: NC 27889

Phone #: (252) 402-6453

Property Owner: Jeremy Z. Jose

Address: 414 Hackney Ave

City: Washington

State/Zip: NC 27889

Phone #: (252) 402-6453

Address: Duck Creek Rd **Property Location & Site Information**  
Washington, NC 27889 Subdivision: Duck Creek Block/Phase: \_\_\_\_\_ Lot: 11

Road #: 1334 **Directions**  
264 E to Camp Leach Rd. turn right (SR 1334) then right on SR 1358 - lot located on right just past white double wide

Township: \_\_\_\_\_

Structure: SINGLE FAMILY

# of Bedrooms: 3 # of People: 6

Water Supply: PUBLIC

<u>Initial System</u>	<u>System Specifications</u>
Usable Soil Depth: <u>24</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: _____ <u>6</u> Inches
Soil Group: <u>II</u>	Septic Tank: _____ <u>1000</u> Gallons
Soil Application Rate: <u>0.6</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: Yes

<u>Repair System</u>	<u>System Specifications</u>
Usable Soil Depth: <u>24</u>	Minimum Trench Depth: _____ <u>12</u> Inches
Soil Application Rate: <u>0.6</u>	Maximum Trench Depth: _____ <u>12</u> Inches
System Classification/Description: _____	Fill Depth: _____ <u>6</u> Inches
	Pump Required: <u>May be required</u>
	Pump Tank: _____ <u>1000</u> Gallons

TYPE II C. CONV. SYSTEM WITH SHALLOW PLACEMENT

Proposed System: 25% REDUCTION

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

**Site Modifications**  
 Interceptor drains shall be installed as shown prior to issuance of CA  
 Preconstruction conference required with installer prior to installation of drains

**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 3 (3' x 50') 25% reduction drainlines as shown; 6" topsoil cover required (no sand); CA will be issued when drainage is installed and operational and final site plan is approved by Beaufort County Health Department

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: 2018 - Hager, Matthew Date of Issue: 12/19/2024

Authorized State Agent Signature: [Signature]

Owner/Applicant Signature: \_\_\_\_\_

