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: 78604 - 10
County ID Number: 6654026758
Evaluated For: NEW

PERMIT VALID UNTIL: 01 / 28 / 2027

*NOTE TO INSPECTIONS DIVISION: Building Permits cannot be issued with only an Improvement Permit. ☐ Fill Sheet ◯ CA?

Applicant:	Gary Garland
Address:	153 Sabre Point Drive
City:	Bath
State/Zip:	NC 27808
Phone #:	(410) 984-2528

Property Owner:	William Pudlak
Address:	141 Wedgewood Drive
City:	Amherst
State/Zip:	NY 14221
Phone #:	(716) 839-1595

Property Location & Site Information

Address: Sabre Point Drive
Road # Bath NC 27808 Subdivision: Sabre Point Phase: Lot: 13
Township:

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 6
*Water Supply: PUBLIC

Directions

Hwy 99E to NC 92 E, left on Creek Road, right on Stell Road, follow to Sabre Point S/D entrance, lot 13 on left

Initial System

*Site Classification: PS Shallow Placement

Saprolite System? ◯ Yes ⊗ No
Design Flow: 360
Soil Group: III
Soil Application Rate: 0.3

*System Classification/Description:
TYPE II C. CONV. SYSTEM WITH SHALLOW PLACEMENT

*Proposed System: 25% REDUCTION

System Specifications

Minimum Trench Depth: 12 Inches
Maximum Trench Depth: 12 Inches
Fill Depth: 6 Inches
Septic Tank: 1000 Gallons
Pump Required: ◯ Yes ◯ No ⊗ May Be Required
Pump Tank: 1000 Gallons

Repair System Required: ⊗ Yes ◯ No ◯ No, but has Available Space

Repair System

*Site Classification: PS Shallow Placement
Soil Application Rate: 0.3

*System Classification/Description:
TYPE II C. CONV. SYSTEM WITH SHALLOW PLACEMENT

*Proposed System: 25% REDUCTION

Minimum Trench Depth: 12 Inches
Maximum Trench Depth: 12 Inches
Fill Depth: 6 Inches
Pump Required: ◯ Yes ◯ No ⊗ May be Required
Pump Tank: 1000 Gallons

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

Characters Remaining: 750

***Site Modifications**

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**

1000gal septic tank, distribution box, all piping and 3 (3' x 100') 25% reduction drainlines; some topsoil cover is required to meet 6" cover requirement; 25% reduction for Repair; An Authorization to Construct will be issued when final site pan is approved

Characters Remaining: 3740

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: 01 / 28 / 2022
Authorized State Agent Signature:
Owner/Applicant Signature:

****Site Plan/Drawing attached.****
◯ Hand Drawing ◯ Import Drawing

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Drawing Drawing Type: Improvement Permit

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

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Click below to import an image from an external location: Drawing Type: Improvement Permit