



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 **78600 - 8**

County ID Number: 6654021986

Evaluated For: **NEW**

PERMIT VALID UNTIL: 01 / 28 / 2027

Fill Sheet CA?

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

Applicant: Gary Garland
 Address: 152 Sabre Point Drive
 City: Bath
 State/Zip: NC 27808
 Phone #: (410) 984-2528

Property Owner: Joel Douglas Clark
 Address: 305 Kent Road
 City: Greenville
 State/Zip: NC 27858
 Phone #: (252) 341-0215

Address: Lot 12 Sabre Point Drive
 Road # Bath NC 27808
 Township: _____
 Structure: SINGLE FAMILY
 # of Bedrooms: 3
 # of People: 6
 *Water Supply: PUBLIC

Property Location & Site Information
 Subdivision: Sabre Point Phase: _____ Lot: 12

Directions
 From Washington, 264/92 to Bath, left on Creek Road, right on Stell Road, go to end, 2nd lot on left past entrance.

Initial System
 *Site Classification: PS Shallow Placement

Saprolite System? Yes No
 Design Flow: 3 6 0
 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: 1 2 Inches
 Maximum Trench Depth: 1 2 Inches
 Fill Depth: 6 Inches
 Septic Tank: 1 0 0 0 Gallons
 Pump Required: Yes No May Be Required
 Pump Tank: 1 0 0 0 Gallons

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

Repair System
 *Site Classification: PS @ Grade w/Cap
 Soil Application Rate: 0 . 3

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

*Proposed System: 25% REDUCTION

Minimum Trench Depth: 1 2 Inches
 Maximum Trench Depth: 1 2 Inches
 Fill Depth: 6 Inches
 Pump Required: Yes No May be Required
 Pump Tank: 1 0 0 0 Gallons

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

***Site Modifications**

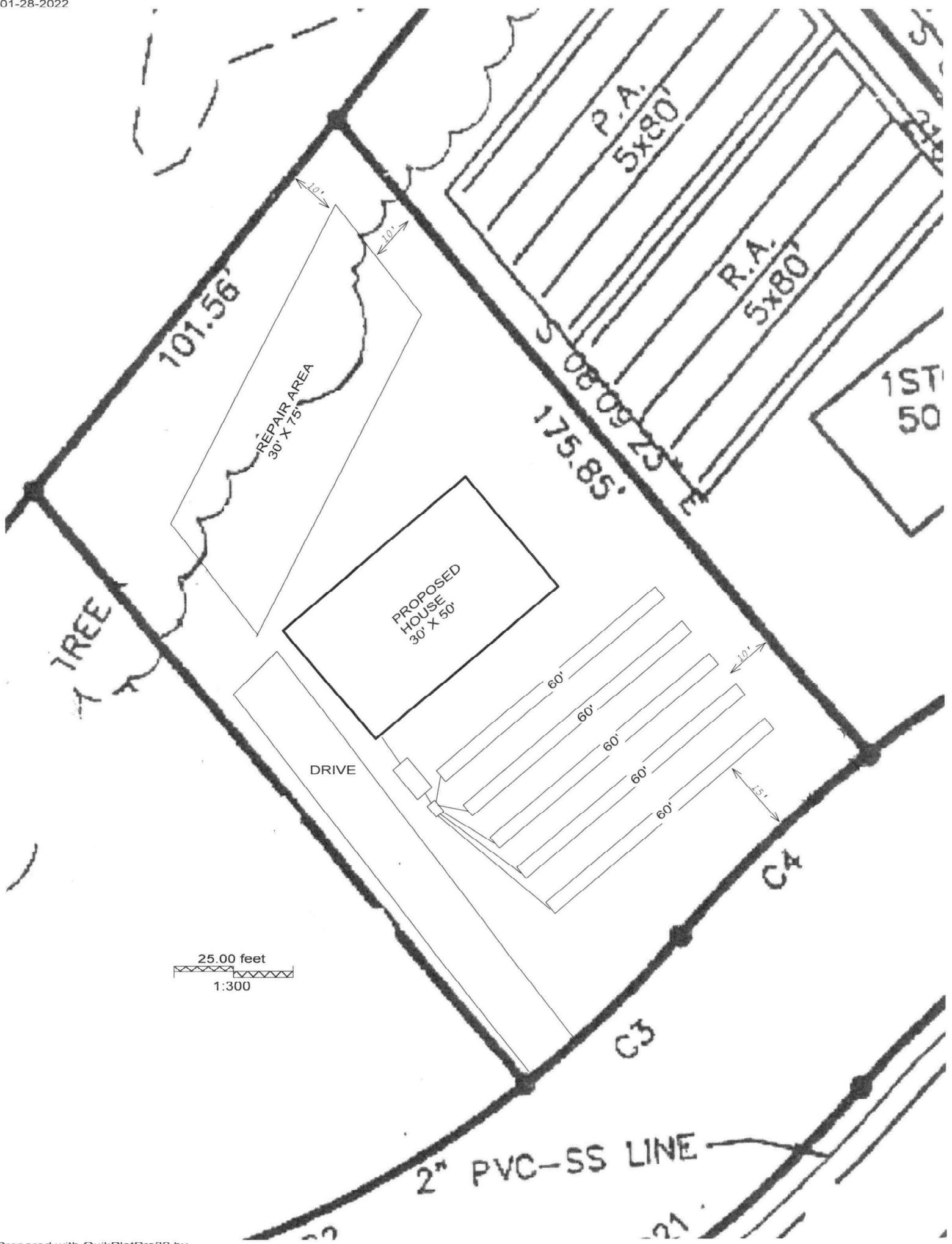
***Permit Conditions**
 The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.
 1000gal septic tank, distribution box, all piping and 5 (3' x 60") 25% reduction drainlines; 25% reduction for Repair; An Authorization to Construct will be issued upon approval of final site plan 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 (1938(b)).

*Authorized State Agent: 2018 - Hager, Matthew Date of Issue: 01 / 28 / 2022
 Authorized State Agent Signature: [Signature]
 Owner/Applicant Signature: _____

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

Chas Rema 750 376



25.00 feet
1:300