

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: 443056 - 5

County ID Number: 6653322490

Evaluated For: NEW

PERMIT VALID UNTIL: 01/06/2030

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

Applicant: <u>Norman Miller</u> Address: <u>400 Kirby Grange Ave</u> City: <u>Bath</u> State/Zip: <u>NC 27808</u> Phone #: <u>(978) 270-8821</u>	Property Owner: <u>Norman Miller</u> Address: <u>400 Kirby Grange Ave</u> City: <u>Bath</u> State/Zip: <u>27808</u> Phone #: <u>(978) 270-8821</u>
--	--

Property Location & Site Information

Address: Kirby Grange Ave
Bath, NC 27808 Subdivision: _____ Block/Phase: _____ Lot: 5

Road #: 92 **Directions**
off 92 - Kirby Grange

Township: _____

Structure: SINGLE FAMILY

of Bedrooms: 3 # of People: 6

Water Supply: PUBLIC

Initial System	System Specifications
Usable Soil Depth: <u>48</u>	Minimum Trench Depth: _____ 18 Inches
Saprolite System?: <u>No</u>	Maximum Trench Depth: _____ 18 Inches
Design Flow: <u>360</u>	Fill Depth: _____ Inches
Soil Group: <u>III</u>	Septic Tank: _____ 1000 Gallons
Soil Application Rate: <u>0.35</u>	Pump Required: <u>May be required</u>
System Classification/Description: _____	Pump Tank: _____ 1000 Gallons
	Proposed System: <u>25% REDUCTION</u>

TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Repair System Required: Yes

Repair System	System Specifications
Usable Soil Depth: <u>48</u>	Minimum Trench Depth: _____ 18 Inches
Soil Application Rate: <u>0.35</u>	Maximum Trench Depth: _____ 18 Inches
System Classification/Description: _____	Fill Depth: _____ Inches
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)	Pump Required: <u>May be required</u>
Proposed System: <u>25% REDUCTION</u>	Pump Tank: _____ 1000 Gallons

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

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 90') 25% reduction drainlines for initial and 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 (per rule .0301(a)).

Authorized State Agent: 2018 - Hager, Matthew Date of Issue: 01/06/2025

Authorized State Agent Signature: [Signature]

Owner/Applicant Signature: _____

