

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: 48140 - 2
County ID Number: 7602206423
Evaluated For: NEW
PERMIT VALID UNTIL: 02/23/2029

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

Applicant: William Wilson
Address: 2 Shipwreck Dr
City: Belhaven
State/Zip: NC 27810
Phone #: (848) 373-6613

Property Owner: Doug Williams
Address: 191 Delta Pl
City: Bricktown
State/Zip: NJ 08723
Phone #: _____

Address: 1323 Bailey Pointe Rd
Belhaven, NC 27810
Road #: _____
Township: _____
Structure: SINGLE FAMILY
of Bedrooms: 4 # of People: 8
Water Supply: PUBLIC

Property Location & Site Information
Subdivision: Bailey Point Block/Phase: _____ Lot: 33
Directions
Pamlico Beach Road to Bailey Point - Follow Bailey Point Drive - Lot is on the left

<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>480</u>	Fill Depth: _____ <u>6</u> Inches
Soil Group: <u>III</u>	Septic Tank: _____ <u>1000</u> Gallons
Soil Application Rate: <u>0.4</u>	Pump Required: <u>May be required</u>
System Classification/Description: _____	Pump Tank: _____ <u>1000</u> Gallons
	Proposed System: <u>CONVENTIONAL</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>0.4</u>	Maximum Trench Depth: _____ <u>12</u> Inches
System Classification/Description: _____	Fill Depth: _____ <u>6</u> Inches
	Pump Required: <u>May be required</u>
Proposed System: <u>CONVENTIONAL</u>	Pump Tank: _____ <u>1000</u> 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 80') conventional drainlines as shown; 6" topsoil cover required; 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: 02/23/2024

Authorized State Agent Signature: [Signature]

Owner/Applicant Signature: _____

12°47' E
9

CURVE "J"

N 25°16'

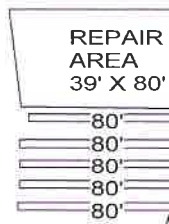
S 80°10'37" E
148.03' (CH)
R= 402.07

N 64°43'29" W 915.74'

S 64°43'29" E 685.45' (TOT)
S 67°09'21" E 34.00' (CH)
R= 402.07
290.98'

SEE SHEET 7 OF 11
MATCH LINE "E"
N 01°42'24" E 604.37' (TOT)
471.46'

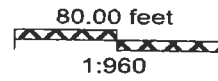
DRIVE



PROPOSED HOME
50' X 60'

PROPOSED GARAGE
30' X 30'

PROPOSED POOL



AMALICO RIVER
RIAN BUFFER

CAMA LINE

9.05' (TOT)
35.97'

72.85'

S 16°06'03" E 732.75' (TOT)

N 24°38'22" W 146.26'
S 01°19'38" E 92.97'
S 75°19' 75.79'
S 14°30'43" E 207.98' (TOT)

299.66'

S 21°59'12" W 111.65'12"

420.22'

34

3.372 ACRES