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Environmental Health Section
Beaufort County Health Department
220 N. Market St.
Washington, North Carolina 27889
(252) 946-6048

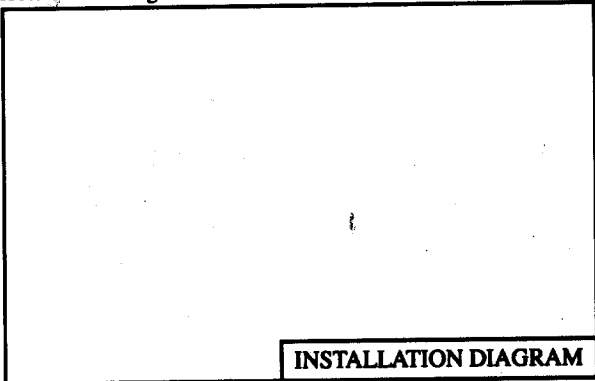
- New Construction
Repair
Flow Addition

Date:

OPERATION PERMIT

This permit guarantees only materials used and method of installation and that it meets all state regulations for new constructions.

Owner: Phone:
Address: Lot Number:
State Road Number: Type Structure:
Septic Tank I.D. Pump Tank I.D.
Installer: 10-DIGIT PIN
System Type: Specific System Installed
Additional for all systems: Landscape system area for surface water runoff and grass.
Do not place drive or any building over the system area or repair area.
Remarks:



Authorized State Agent: Date:

White Owner/Contractor Yellow - Health Department Pink Building Inspections

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- New Construction
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IMPROVEMENTS PERMIT

A Building Permit cannot be issued with only an Improvement Permit

*Improvements permit is valid for five years from date of issue.

Owner: Catherine Barklund Phone: (252) 946-6123
Address:
Subdivision: Bay Harbour Lot Number: 2
State Road Number: N/A Directions 33 E. 1/2 on Old Shants Creek Rd.
1/2 on Cotton Patch Rd 10-DIGIT PIN 6601-40-2464
Property Size: 1.66 ac Type Structure: House
Design Flow: 360 No. Bedrooms 3 No. People: 6
Water Supply: Public Private (Maintain minimum 10 feet separation from any part of septic system and repair area.)

SEE ATTACHMENT
* AUTHORIZATION TO CONSTRUCT WILL BE ISSUED UPON APPROVAL OF FINAL SITE PLAN BY B.C.H.D. *
* PUMPING MAY BE REQUIRED BASED ON HOUSE ELEVATION AND LOCATION *

Classification: Suitable Provisionally Suitable PS with fill
Additional Drainage: landscape system area to shed surface water
Seasonal Wetness Condition: 745" Soil Type I/III System Type IIa
Septic Tank: 1,000 gal. Pump Tank: 1,000 (is needed) gal.
Pump Required Yes No May be required based upon final location & elevation of facilities
Nitrification Field: 900 square feet trench bottom
Trench Depth: 36" Fill Depth: N/A
Comments: - install 1,000 gal. septic tank & 3 lines (3 x 100') conventional rec trenches for the initial & repair; maintain setbacks, use soil cloth & run lines on contour of slope

Site Plan

The issuance of this permit by the Health Dept. in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes, or site alterations occur. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Additional for all systems: Landscape system area for surface water runoff and grass. Do not place drive or any building over the system area or repair area. Observe all proper setbacks (15A NCAC 18A .1950). Do not work soil or install system in wet conditions. This permit must be on site during installation and inspection.

Authorized State Agent: I-2110 Date: 7-5-07

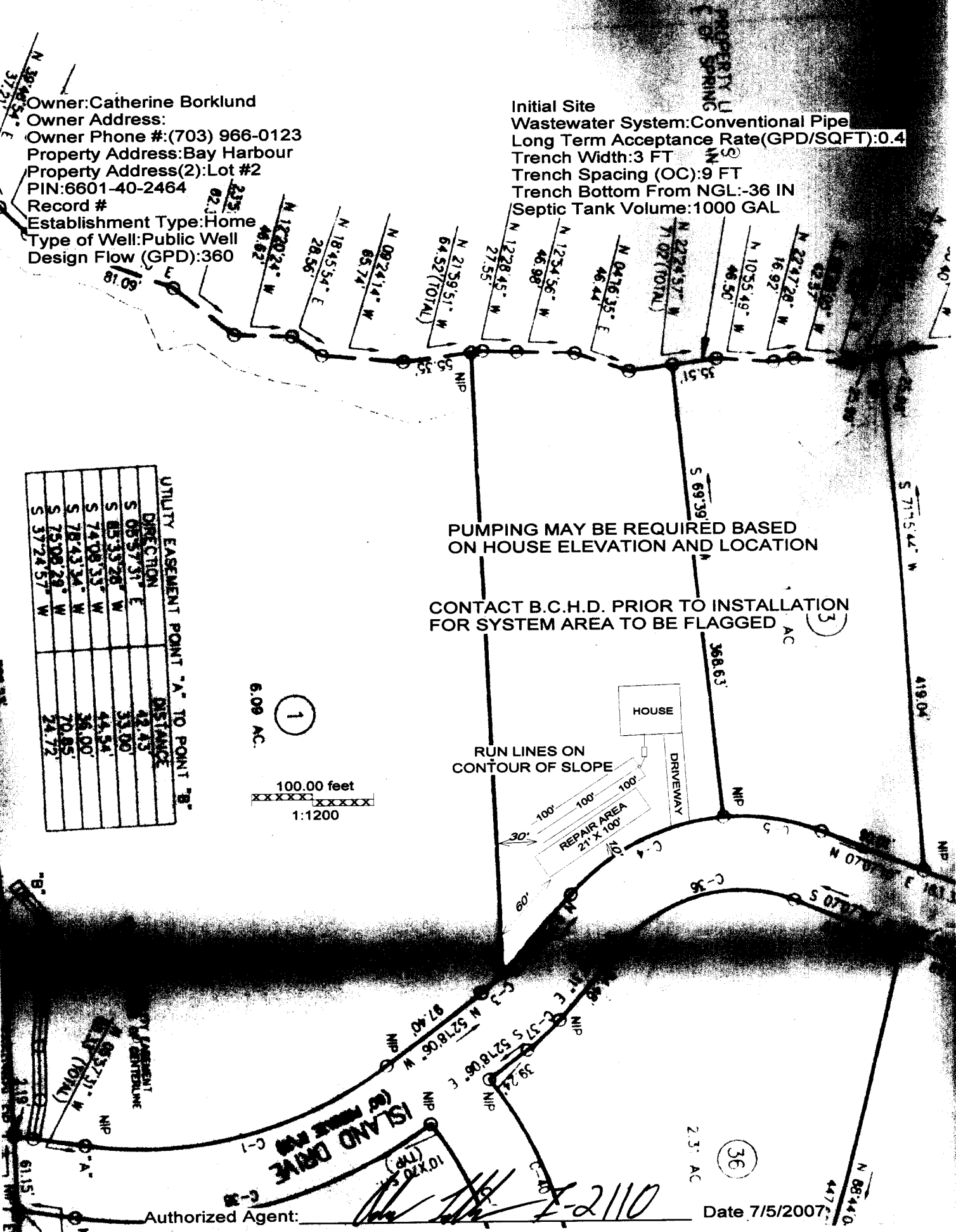
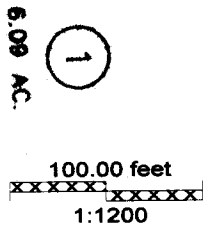
White Owner/Contractor Yellow - Health Department Pink Building Inspections

IMPROVEMENT PERMIT

Owner: Catherine Borklund
 Owner Address:
 Owner Phone #: (703) 966-0123
 Property Address: Bay Harbour
 Property Address(2): Lot #2
 PIN: 6601-40-2464
 Record #
 Establishment Type: Home
 Type of Well: Public Well
 Design Flow (GPD): 360

Initial Site
 Wastewater System: Conventional Pipe
 Long Term Acceptance Rate (GPD/SQFT): 0.4
 Trench Width: 3 FT
 Trench Spacing (OC): 9 FT
 Trench Bottom From NGL: -36 IN
 Septic Tank Volume: 1000 GAL

UTILITY EASEMENT POINT "A" TO POINT "B"	
DIRECTION	DISTANCE
S 06°57'31" E	42.45'
S 85°33'28" W	33.00'
S 74°08'33" W	44.54'
S 78°43'34" W	36.00'
S 75°08'28" W	70.85'
S 37°24'57" W	24.72'



PUMPING MAY BE REQUIRED BASED ON HOUSE ELEVATION AND LOCATION

CONTACT B.C.H.D. PRIOR TO INSTALLATION FOR SYSTEM AREA TO BE FLAGGED

RUN LINES ON CONTOUR OF SLOPE

REPAIR AREA 21' X 100'

Authorized Agent:

Date 7/5/2007