

IMPROVEMENT PERMIT

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

File/Permit Number: 77928 - 11
PIN/Lot Identifier: 7508604489 / 14
Evaluated For: NEW
Permit valid until: 04/02/2031

Applicant: Tierce McCurry
Owner: Tierce McCurry
Property Location: Marsh Creek Ln Aurora, NC 27806
Road#: 1901

Owner's Phone Number: (864) 979-8724

Subdivision (if applicable): Richland Landing
Lot Size: _____ Lot #: 14 Block: 1901 Section: _____

Facility Type: SINGLE FAMILY Number of bedrooms: 3
Proposed Designed Daily Flow(GPD): 360 Number of Occupants: 6
Type of Water Supply: PUBLIC Other: _____

System Specifications Initial

Proposed Wastewater System Type*: FILL/MOUND

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Proposed LTAR: 0.3 Sapolite System: No
Usable depth to Limiting Condition (inches): 16
Fill Depth: 20
Pump required: May be required Pump Tank(Gallons): 1000

Septic Tank (gallons): 1000
Min. Trench Depth (inches)*: 18
Max. Trench Depth (inches)*: 18
** Measured on the downhill side of the trench*

System Specifications Repair

Repair System Required? Yes

Proposed Wastewater System Type*: FILL/MOUND

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Proposed LTAR: 0.3 Sapolite System: No
Usable depth to Limiting Condition (inches): 16
Fill Depth: 20
Pump required: May be required

Min. Trench Depth (inches)*: 18
Max. Trench Depth (inches)*: 18
** Measured on the downhill side of the trench*

Artificial Drainage Required: No If yes, please specify details: _____
Drainfield location meets requirements of Rule .0508: Yes Drainfield location meets requirements of Rule .0601: Yes

Permit Conditions:

Site Modifications: The following must be done prior to issuance of an Authorization to Construct: (1) Have property iron located and property lines clearly marked. (2) Call BCHD to flag system area & set benchmark. (3) Clear all trees & brush from septic area (to be done in dry conditions, do not remove topsoil, fill any holes with sand). (4) Install approved fill (see fill worksheet attached). (5) Provide a detailed site plan approved by BCHD.

Permit Conditions: Septic system consists of a 1000 gal. septic tank, 1 d-box, all piping, & 5 (3' x 80') approved drainlines (no reduction) installed in approved fill. A pump tank may be required depending on house placement & elevation of plumbing.

Authorized Agent's Printed Name: Dahlem, Blake

Issue Date: 04/02/2026

Authorized Agent's Signature:  _____

Date: _____

See attached drawing

The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. 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)).



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 Phone: (252) 946-6048 FAX: (252) 946-2074

File Number: 77928 - 11

Date: 04/02/2026

Fill System Specification Sheet

Applicant: Tierce McCurry

Required Fill: 20 Inches

Location: Marsh Creek Ln

Area of Fill: 63 X 104

Aurora, NC 27806

Soil Group: _____

FILL REQUIREMENTS

These requirements for fill must be completed and then approved by the County Health Department prior to issuance of an Authorization to Construct. Fill material must be Group 1 (sand or loamy-sand) texture to the top of the treatment and disposal trench(es). The final 6" of fill material shall be a finer texture soil (sandy loam or sandy clay loam topsoil) for the establishment of vegetative cover. Fill material must be approved by the County Health Department prior to placement on site. Laboratory testing (particle size analysis) may be required to provide proof of fill material texture.

INSTALLATION & INSPECTIONS

The area designated for the septic system shall be indicated on the Improvements Permit. Failure to install fill in the approved location may result in the fill having to be moved. Careful attention must be given to the preparation of the site to ensure that the septic system will function properly. Do not work the soil in wet conditions if the soil is Class II, III, or IV (refer to above for your soil classification). Working a Class II, III, or IV soil in wet conditions can destroy the soil characteristics and may also prevent an Authorization to Construct from being issued. Remove vegetative cover from designated area without removing any soil. Disc natural soil surface in multiple directions to break up root mat to a depth of 6 inches prior to adding any fill material. Add 6" of approved fill to area and disc again in multiple directions thoroughly until fill material is incorporated with the natural soil surface. The first 6" is most critical during installation. At this point, contact the County Health Department for a **cut-in inspection**. Once a cut-in inspection is completed and approved by this office, add remaining fill material to within 6" of the required height of the mound. Contact this office upon completion for a **fill inspection**. Completion of the above requirements will allow an Authorization to Construct to be issued for the site. Required topsoil cover must be on site prior to issuance of an Operation Permit.

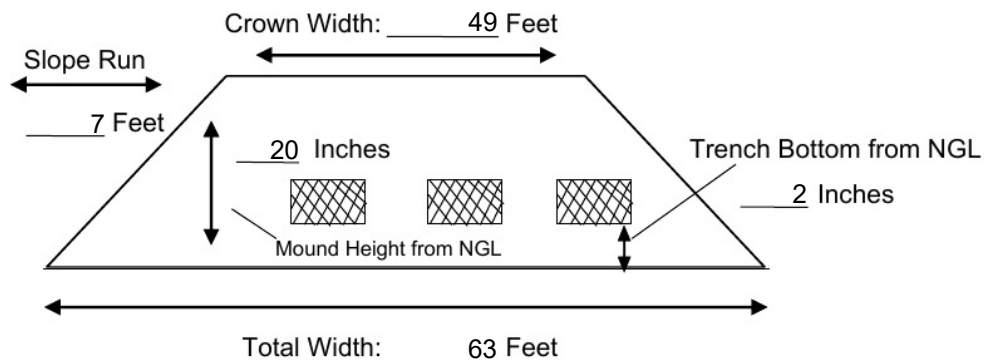
 Environmental Health Specialist

 Environmental Health Specialist

Date of cut-in Inspection _____

Date of fill Inspection _____

End View



Side View

