



IMPROVEMENT PERMIT

Craven County Health Department
Environmental Health Section
2818 Neuse Blvd., P.O. Drawer 12610
New Bern, NC 28561
Phone: (252) 636-4936

25-128

For Office Use Only

*CDP File Number 448689 - 2
County ID Number: 5-016-4 -040
Evaluated For: NEW

PERMIT VALID UNTIL: 02/28/2030

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

Applicant: Douglas Treadway
 Address: 3009 Sharpnose St
 City: New Bern
 State/Zip: NC 28560
 Phone #: home: (318) 880-2341

Property Owner: Timothy Fuller
 Address: 1112 Lite Wood Ct
 City: Havelock
 State/Zip: NC. 28532
 Phone #: _____

Property Location & Site Information

Address: 205 Long Creek Dr Havelock, NC 28532 Subdivision: Cypress Bay Block/Phase: NEW Lot: 40

Directions

Road#: _____
 Structure: SINGLE FAMILY
 # of Bedrooms: 3
 # of People: 6
 *Water Supply: PUBLIC

System Specifications

Initial System

Usable Soil Depth: _____ Minimum Trench Depth: 18 Inches
 Saprolite System?: No Maximum Trench Depth: 30 Inches
 Design Flow: 360 Septic Tank: 1000 Gallons
 Soil Application Rate: 0.5000
 *System Classification/Description: 1-Piece: Yes No
 TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS) Pump Required: Yes No May Be Required
 *Proposed System: Pump Tank: _____ Gallons
 CONVENTIONAL 1-Piece Yes No

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

Repair System

Usable Soil Depth: _____ Minimum Trench Depth: 18 Inches
 Soil Application Rate: 0.500 Maximum Trench Depth: 30 Inches
 *System Classification/Description: Pump Required: Yes No May Be Required
 TYPE III G. OTHER NON-CONV. TRE
 *Proposed System: 25% REDUCTION



CONDITIONS OF THE IMPROVEMENT PERMIT

GENERAL:

Do not disturb the area designated for the wastewater system and repair area. The improvement permit can become invalid and be revoked if the site or soil conditions are altered.

The improvement permit allows only those site improvements necessary for the proper functioning of the system, such as fill or drainage. Call for inspection after the improvements are installed. Do not install the wastewater system until the construction authorization is issued.

A pump, pump chamber, and all appurtenances may be required at any time if gravity feed cannot be maintained. This addition must be approved by the health department prior to installation.

System types 4A and higher will require a certified system operator. A contract shall be executed between the system owner and the operator, and a copy submitted to the health department, **prior to the issuance of the operation permit**. It shall be a condition of the operation permit that subsequent owners of the system execute such a contract. It shall be the responsibility of the owner to inform potential subsequent owners of the system type, operational needs, and contract requirements.

You should contact a Utility Locator Service to identify, and mark buried utilities prior to digging on your lot.



Call or Click 811 Before You Dig

FILL SYSTEMS (MOUND SYSTEMS):

Any required fill material must be placed on the site per the attached fill (mound) system specification sheet.

DRAINAGE SYSTEMS:

Drainage must be installed in accordance with the cut sheet. A new cut sheet will be required if the reference markers are moved or destroyed. Drainage systems required as part of the improvement permit must be inspected prior to issuance of the construction authorization.

TRANSFERABILITY:

Permits are Transferrable with ownership of the property.

SYSTEM SUBSTITUTIONS:

A septic system designated as "accepted" status by NC-DHHS may be substituted for a conventional system, or another accepted system, without prior approval of the health department as long as no changes are necessary in the location of each drain line, trench depth, or distribution method.

Table of System Types

1A-1E	Contact Health Department for details	3E	PPBPS system, gravity dosed
2A	Conventional or Accepted septic system (< 480 gpd or single-family residence)	3F	Large diameter pipe system
2B	Conventional or Accepted septic system (≤ 750 linear ft of drain line)	3G	Other non-conventional trench systems
2C	Conventional or Accepted septic system with shallow placement	4A	Any system with LPP distribution
3A	Conventional or Accepted system > 480 gpd (except single-family residence)	4B	System with more than 1 pump or siphon
3B	System with single effluent pump or siphon	5A-5D	Contact Health Department for details
3C	Gravity fill system	6A-6B	Contact Health Department for details
3D	Dual gravity-field system		

NOTE:

This permit does not exempt you from any rule, regulation, or ordinance of any federal, state, and/or local agency nor any restrictive covenant. You must comply with all restrictive covenants, rules, regulations, or ordinance prior to building, locating, or relocating a residence, business, or place of public assembly.

***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.

Locate building foundations at least 5' from any part of the septic and repair areas.

Water line must be located at least 10' from any part of the septic and repair areas.

If gravity fall cannot be achieved, a pump will be required.

Protect septic areas from vehicular traffic and other destructive activity.

Septic and repair areas must be at least 10' from any property line.

Site Plan



The Improvement Permit shall be valid for 5 years from date of issue with a site plan (means a drawing not necessarily drawn to scale that shows the existing and proposed property lines with dimensions, the location of the facility and appurtenances, the site for the proposed Wastewater system, and the location of water supplies and surface waters).

Plat



The Improvement Permit shall be valid without expiration with plat (means a property surveyed prepared by a registered land surveyor, drawn to a scale of one inch equals no more than 60 feet, that includes: the specific location of the proposed facility and appurtenances, the site for the proposed Wastewater system, and the location of water supplies and surface waters. Plat also means, for subdivision lots approved by the local planning authority and recorded with the county register of deeds, a copy of the recorded subdivisions plat that is accompanied by a site plan that is drawn to

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)).

Applicant/Legal Resps. Signature Required ? Yes No

Applicant/Legal Reps. Signature: _____

Date: _____

*Issued By: Patel, Sagar

Date of Issue: 02/28/2025

Authorized State Agent: *[Signature]* 3404

Valid without Expiration ?

Hand Drawing

Import Drawing

****Site Plan/Drawing attached.****



CONDITIONS OF THE IMPROVEMENT PERMIT

GENERAL:

Do not disturb the area designated for the wastewater system and repair area. The improvement permit can become invalid and be revoked if the site or soil conditions are altered.

The improvement permit allows only those site improvements necessary for the proper functioning of the system, such as fill or drainage. Call for inspection after the improvements are installed. Do not install the wastewater system until the construction authorization is issued.

A pump, pump chamber, and all appurtenances may be required at any time if gravity feed cannot be maintained. This addition must be approved by the health department prior to installation.

System types 4A and higher will require a certified system operator. A contract shall be executed between the system owner and the operator, and a copy submitted to the health department, **prior to the issuance of the operation permit**. It shall be a condition of the operation permit that subsequent owners of the system execute such a contract. It shall be the responsibility of the owner to inform potential subsequent owners of the system type, operational needs, and contract requirements.

You should contact a Utility Locator Service to identify, and mark buried utilities prior to digging on your lot.



Call or Click 811 Before You Dig

FILL SYSTEMS (MOUND SYSTEMS):

Any required fill material must be placed on the site per the attached fill (mound) system specification sheet.

DRAINAGE SYSTEMS:

Drainage must be installed in accordance with the cut sheet. A new cut sheet will be required if the reference markers are moved or destroyed. Drainage systems required as part of the improvement permit must be inspected prior to issuance of the construction authorization.

TRANSFERABILITY:

Permits are Transferrable with ownership of the property.

SYSTEM SUBSTITUTIONS:

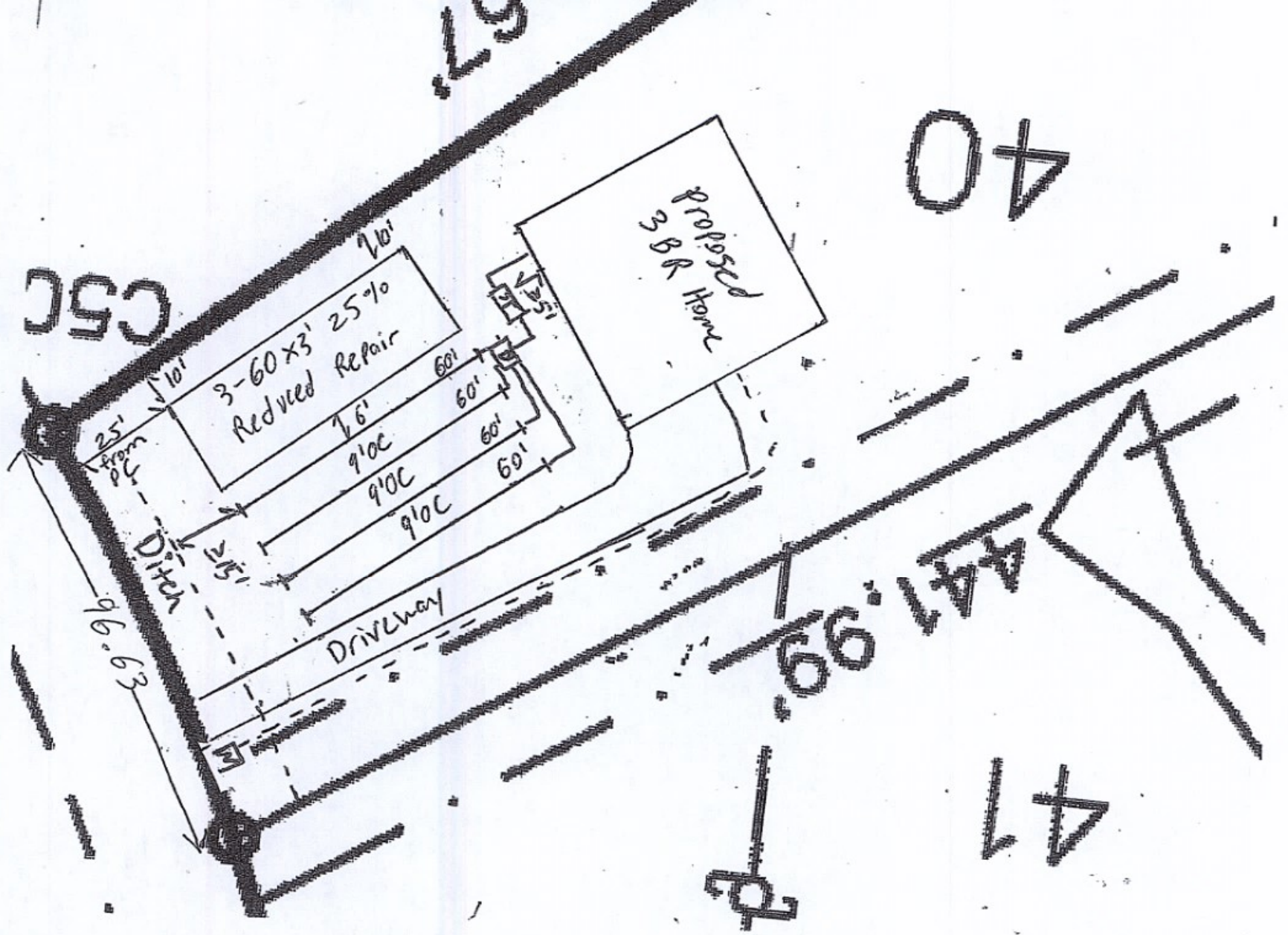
A septic system designated as "accepted" status by NC-DHHS may be substituted for a conventional system, or another accepted system, without prior approval of the health department as long as no changes are necessary in the location of each drain line, trench depth, or distribution method.

Table of System Types

1A-1E	Contact Health Department for details	3E	PPBPS system, gravity dosed
2A	Conventional or Accepted septic system (< 480 gpd or single-family residence)	3F	Large diameter pipe system
2B	Conventional or Accepted septic system (≤ 750 linear ft of drain line)	3G	Other non-conventional trench systems
2C	Conventional or Accepted septic system with shallow placement	4A	Any system with LPP distribution
3A	Conventional or Accepted system > 480 gpd (except single-family residence)	4B	System with more than 1 pump or siphon
3B	System with single effluent pump or siphon	5A-5D	Contact Health Department for details
3C	Gravity fill system	6A-6B	Contact Health Department for details
3D	Dual gravity-field system		

NOTE:

This permit does not exempt you from any rule, regulation, or ordinance of any federal, state, and/or local agency nor any restrictive covenant. You must comply with all restrictive covenants, rules, regulations, or ordinance prior to building, locating, or relocating a residence, business, or place of public assembly.



- Install 1000 gallon septic tank concrete d-box, + 4-60'x3' conventional drain lines @ 9' centers w/ maximum trench bottom of 30"
- Tank placement may change if house position changes, but must maintain 5' setback to foundation

- Maintain 15' setback from edge of all ditches to all septic components
- Maintain 5' setback to all foundations + 10' setback to all property lines + water lines
- Avoid vehicular traffic or other destructive activity over septic + repair areas.

**CRAVEN COUNTY HEALTH DEPARTMENT
APPROVED**

IP# _____
 IP DATE _____ BY _____

 _____ BY _____

**IMPROVEMENT PERMIT
Not for Installation or
Building Permit**



**Improvement Permit
Not for Installation of
Building Permit**

CRAVEN COUNTY HEALTH DEPARTMENT
APPROVED

BY _____
 IN DATE _____
 BY _____
 IN _____