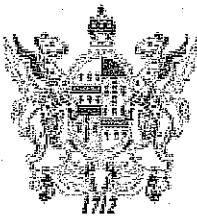


QA



# IMPROVEMENT PERMIT

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

25-356

For Office Use Only

\*CDP File Number 449684 - 1  
 County ID Number: 2-041 -076  
 Evaluated For: NEW

PERMIT VALID UNTIL: 03/20/2030

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

Applicant: Robert G Campbell  
 Address: 650 Aurora Rd  
 City: Ernul  
 State/Zip: NC 28527  
 Phone #: home: (252) 634-7638

Property Owner: Robert G Campbell  
 Address: 650 Aurora Rd  
 City: Ernul  
 State/Zip: NC. 28527  
 Phone #: home: (252) 634-7638

### Property Location & Site Information

Address: Great Swamp Rd Ernul, NC 28527      Subdivision: \_\_\_\_\_      Block/Phase: NEW      Lot: 2

**Directions**

Road#: \_\_\_\_\_  
 Structure: SINGLE FAMILY  
 # of Bedrooms: 4  
 # of People: 8  
 \*Water Supply: PUBLIC

### System Specifications

#### Initial System

Usable Soil Depth: \_\_\_\_\_  
 Saprolite System?: No  
 Design Flow: 480  
 Soil Application Rate: 0.3000  
 \*System Classification/Description:  
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS  
 \*Proposed System:  
LOW PROFILE

Minimum Trench Depth: 8 Inches  
 Maximum Trench Depth: 12 Inches  
 Septic Tank: 1000 Gallons  
 1-Piece:  Yes  No  
 Pump Required:  Yes  No  May Be Required  
 Pump Tank: \_\_\_\_\_ Gallons  
 1-Piece  Yes  No

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

#### Repair System

Usable Soil Depth: \_\_\_\_\_  
 Soil Application Rate: 0.300  
 \*System Classification/Description:  
TYPE III G. OTHER NON-CONV. TRE  
 \*Proposed System:  
LOW PROFILE

Minimum Trench Depth: 8 Inches  
 Maximum Trench Depth: 12 Inches  
 Pump Required:  Yes  No  May Be Required

**\*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 all water lines at least 10' from any portion of septic system and repair areas.
- Locate all foundations at least 5' from any portion of septic system and repair areas.
- Protect septic system and repair areas from vehicular traffic and other destructive uses.
- Provide site plan with application for Construction Authorization.
- System is 5-107'x3' Low Profile infiltrator lines with 8"-12" trench bottoms on contour and a 6" cap

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: Edwards, Dustin

Date of Issue: 03/20/2025

Authorized State Agent: *Dustin Edwards R.E.H.S.*

Valid without Expiration ?

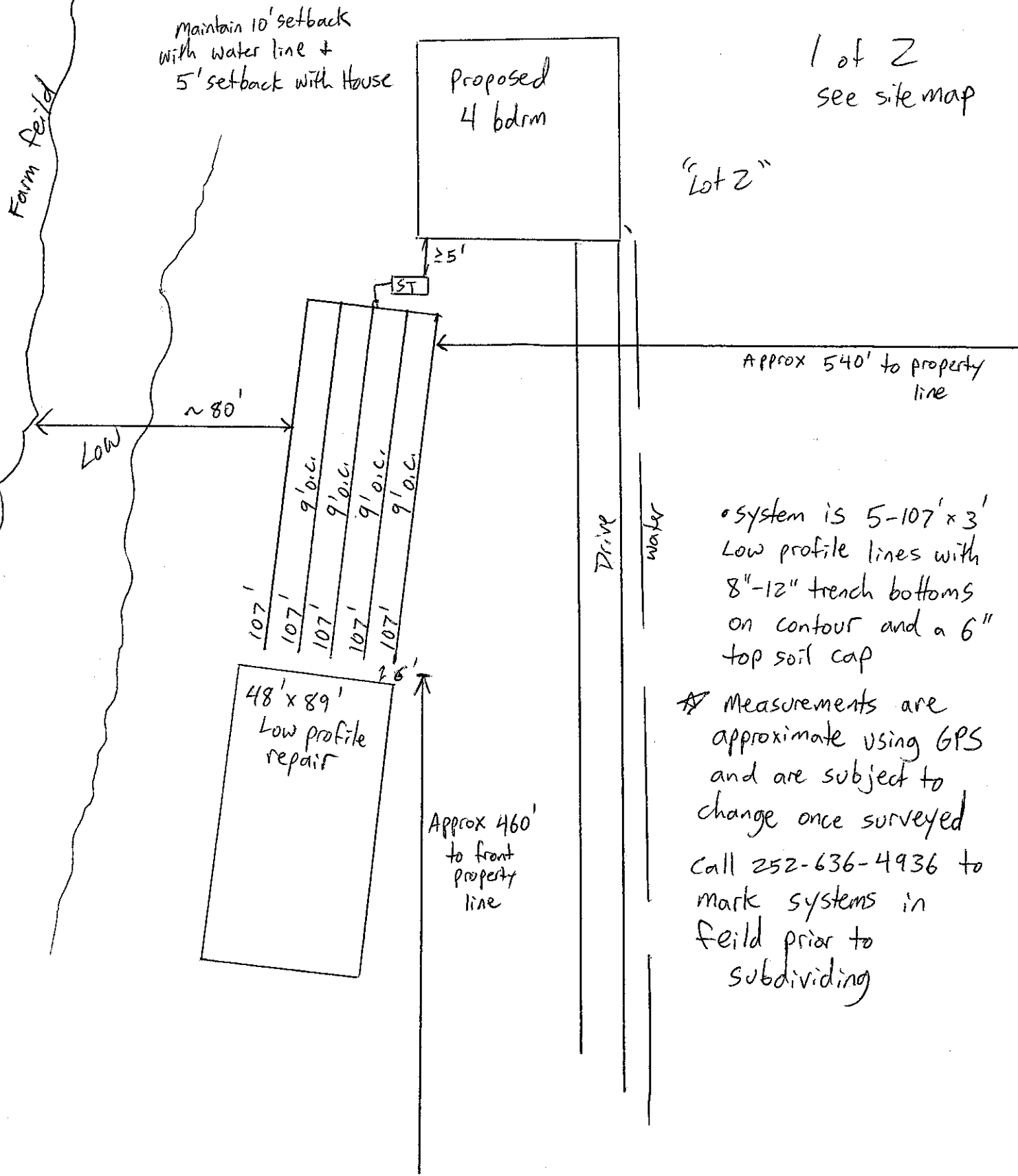
Hand Drawing

Import Drawing

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

# IMPROVEMENT PERMIT Not for Installation or Building Permit

CRAVEN COUNTY HEALTH DEPARTMENT  
**APPROVED**  
 IP# 25-356  
 IP DATE 3/19/25 BY DR  
 CA# \_\_\_\_\_  
 CA DATE \_\_\_\_\_ BY \_\_\_\_\_



2 of 2

Site map

septic systems for Lots 2, 3 + 4  
are located on high ridges  
near swamp

