



PAMLICO COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

203 North Street Bayboro, NC 28515
Office: (252) 745-5634 Fax: (252) 745-7067

IMPROVEMENT PERMIT

Permit Date: 06/21/2024 Map#: F052-68 Permit #: IP24-101
Owner: Ashley Cahoon
Subdivision (if applicable): Section #: Lot #:
Property Address/Location: 1885 NC Hwy 306 S Grantsboro - Site 1

System Designed For: [X] New [] Repair [] Addition Establishment: [X] Residence [] Mobile Home [] Other
Design Flow: 360 G.P.D. # of Bedrooms: 3 # of Occupants: 6 Basement: [] Yes [X] No
Source of Water Supply: Public Distance from Sewage System: 10' minimum

Permit Conditions: Do Not grade or fill drainfield or repair area. Call Environmental Health if there are any questions concerning design or location of septic system.

Maintain all setbacks

See attachment for site plan

1,000 gallon septic tank, distribution box and 4 (3' x 50') conventional rock drain lines for initial system and 3 (3' x 50') 25% reduction drain lines for repair

A 25% reduction system may be installed in permitted system area

Landscape system area to shed surface water

An Authorization To Construct must be obtained and fees paid prior to installation of wastewater system and will be issued upon approval of final site plan by Pamlico County Health Department

The Pamlico County Health Department reserves the right to revoke this permit if the site is altered, intended use is changed, or any information is falsified

Septic Tank Liquid Capacity: 1000 Nit. Square Footage: 600 No. Lines: 4
Initial Drainfield Type: Rock LTAR: 0.6 Repair Drainfield Type: 25% red. LTAR: 0.6
Trench Length: 4@50' Depth: 18" Width: 36" Pump System: [] Yes [X] No

Notice: This Improvement Permit is subject to all the provisions of Article II, G.S. 130A-133-399 and Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, Section 1900 of the N.C. Administrative Code. This Improvement Permit is based on the site evaluation made on . Any alteration of the site or changes made in the design, location, or use of this system made after this date, unless specifically stated will immediately void this Improvement Permit. I understand the requirements of this Improvement Permit and the information I have provided is accurate to the best of my knowledge.

[] Owner [] Agent

THIS REPORT IS NOT A C.A. OR THE RIGHT TO BEGIN CONSTRUCTION

This Improvement Permit expires on: 06/21/2029, unless described system has been installed.

Sanitarian: Eugene McRoy

Eugene McRoy REHS

IMPROVEMENT PERMIT

Ashley Cahoon
Home Sites 1 and 2

