# IMPROVEMENT PERMIT

Beaufort County Health Department
Environmental Health Section
220 North Market St.
Washington NC 27889
Phone: 252-946-6048 Fax: 252-946-2074

For Office Use Only

*CDP File Number: 51912 - 2
County ID Number: 7611470535
Evaluated For: NEW



PERMIT VALID UNTIL: 04 / 15 / 2021

*NOTE TO INSPECTIONS DIVISION: Building Permits cannot be issued with only an Improvement Permit. ☐ Fill Sheet ◯CA?

| | |
|---|---|
| Applicant: | Walter R Woodall III |
| Address: | Pitch Kette Ct |
| City: | Belhaven |
| State/Zip: | NC |
| Phone #. | |

| | |
|---|---|
| Property Owner: | Walter R Woodall III |
| Address. | 594 Pond Neck Rd |
| City | Earleville |
| State/Zip: | MD 21919 |
| Phone #: | (410) 275-4929 |

Address Lot 4 Crosswinds West
Road # Belhaven NC 27810 Subdivision. Crosswinds West Phase: Lot 4
Township:

**Property Location & Site Information**

**Directions**
N/A

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

**Initial System**

*Site Classification: PS Shallow Placement

Saprolite System? ◯Yes ⊗No
Design Flow 360
Soil Group: III
Soil Application Rate: 0.3
*System Classification/Description:
TYPE II C. CONV. SYSTEM WITH SHALLOW PLACEMENT
*Proposed System: CONVENTIONAL

**System Specifications**

| | |
|---|---|
| Minimum Trench Depth. | 12 Inches |
| Maximum Trench Depth | 12 Inches |
| Fill Depth: | 6 Inches |
| Septic Tank. | 1000 Gallons |
| Pump Required: | ◯Yes ◯No ⊗May Be Required |
| Pump Tank: | 1000 Gallons |

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

**Repair System**

*Site Classification: PS Shallow Placement
Soil Application Rate: 0.3
*System Classification/Description:
TYPE II C. CONV. SYSTEM WITH SHALLOW PLACEMENT
*Proposed System: CONVENTIONAL

| | |
|---|---|
| Minimum Trench Depth: | 12 Inches |
| Maximum Trench Depth: | 12 Inches |
| Fill Depth: | 6 Inches |
| Pump Required: | ◯Yes ◯No ⊗May be Required |
| Pump Tank | 1000 Gallons |

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department

***Site Modifications** 750

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.

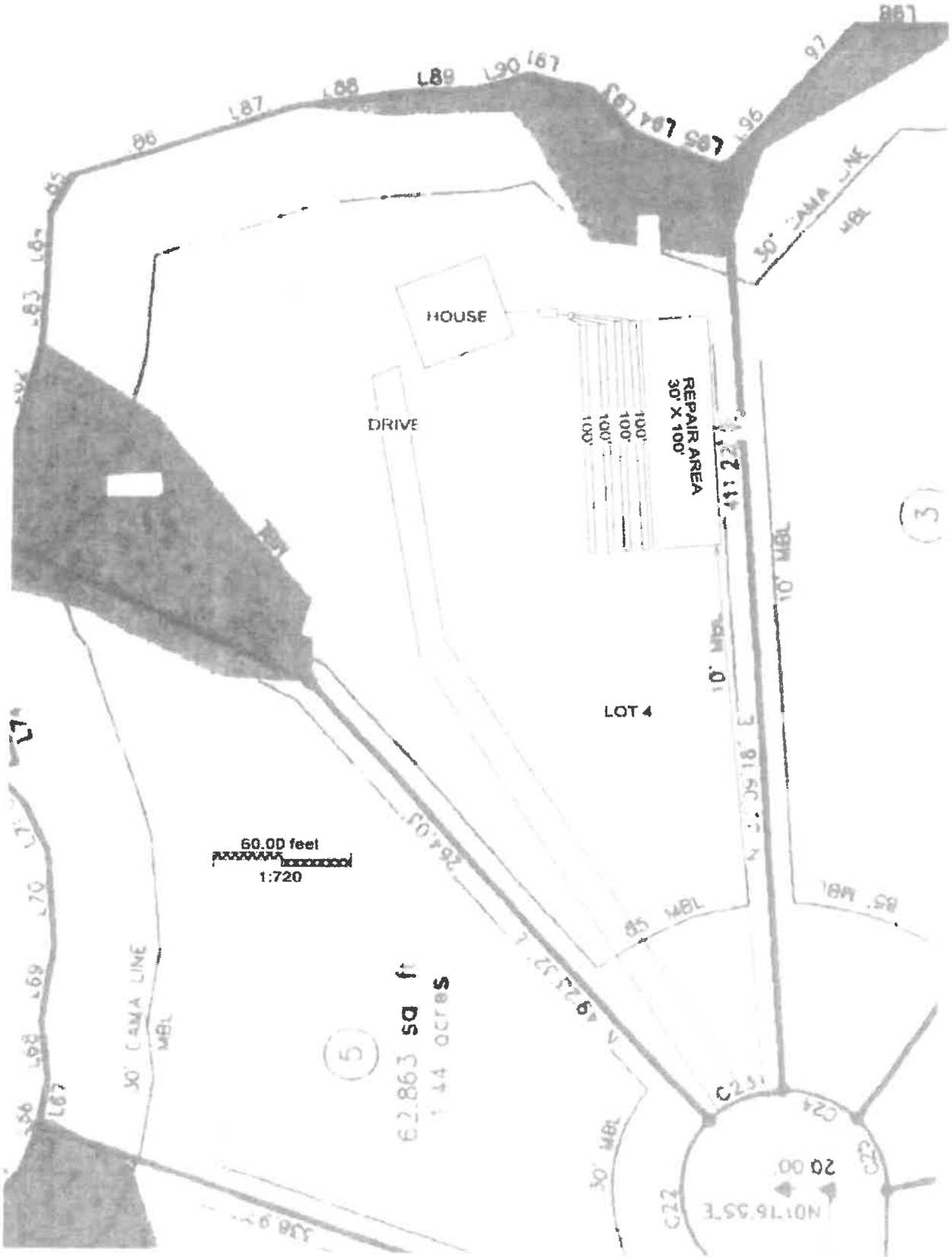
***Permit Conditions** 1000gal septic tank, distribution box, all piping and 4 (3' x 100') conventional drainlines; Conventional repair; maintain setbacks; 6" topsoil cover; An Authorization to Construct will be issued upon approval of final site plan by BCHD 511

**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 (.1938(b)).**

*Authorized State Agent: 2018 - Hager, Matthew Date of Issue: 04 / 15 / 2016

Owner/Applicant Signature:

****Site Plan/Drawing attached.****
◯Hand Drawing ◯Import Drawing


HOUSE
DRIVE
REPAIR AREA
30' X 100'
LOT 4
60.00 feet
1:720
30' CAMA LINE
MBL
10' MBL
85' MBL
20.00