

No. 10827

**Environmental Health Section
Beaufort County Health Department
220 N. Market St.
Washington, North Carolina 27889
(252) 946-6048**

- ☐ New Construction
☐ Repair
☐ Flow Addition

Date: _____

OPERATION PERMIT

This permit guarantees only materials used and method of installation and that it meets all state regulations for new constructions.

Owner: _____ Phone: _____
Address: _____ Lot Number: _____
State Road Number: _____ Type Structure: _____
Septic Tank I.D. _____ Pump Tank I.D. _____
Installer: _____ 10-DIGIT PIN _____
System Type: _____ Specific System Installed _____
Additional for all systems: Landscape system area for surface water runoff and grass.
Do not place drive or any building over the system area or repair area.
Remarks: _____

INSTALLATION DIAGRAM

Authorized State Agent: _____

Date: _____

White Owner/Contractor Yellow - Health Department Pink Building Inspections

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Beaufort County Health Department
220 N. Market St.
Washington, North Carolina 27889
(252) 946-6048 / Fax (252) 946-2074**

EXPIRATION DATE

8 / 1 / 2014

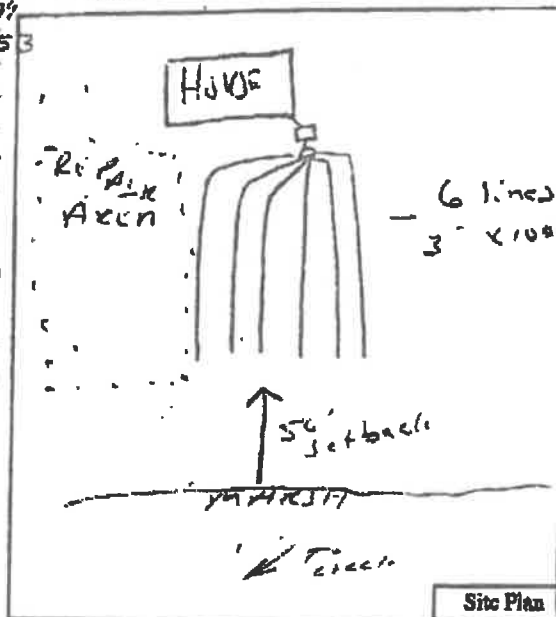
The validity of this permit
is extended pursuant to
Session Law 2009-406

IMPROVEMENTS PERMIT

A Building Permit cannot be issued with only an Improvement Permit

*Improvements permit is valid for five years from date of issue.

Owner: Richard Mariano Phone: 252-562-9079
Address: 2146 Bellevue Ct. Lexington Park, Md. 20653
Subdivision: Crosswinds West Lot Number: 13
State Road Number: _____ Directions: Crosswinds West
10-DIGIT PIN 7611-27-3101
Property Size: 5.72 ac. Type Structure: House
Design Flow: 450 No. Bedrooms: 4 No. People: 6
Water Supply: ☒ Public ☐ Private (Maintain minimum _____ feet separation from any part of septic system and repair area.)
Classification: ☒ Suitable ☐ Provisionally Suitable ☐ PS with fill
Additional Drainage: _____
Seasonal Wetness Condition: 3+ Soil type II System Type: II
Septic Tank: _____ gal. Pump Tank: _____ gal.
Pump Required ☐ Yes ☐ No ☒ May be required based upon final location & elevation of facilities
Nitrification Field: _____ square foot trench bottom
Trench Depth: 18" Fill Depth: _____
Comments: Please set back 125' from marsh to allow system in trench to be shown. Tank out 6' lines shallow system 50' from marsh.



The issuance of this permit by the Health Dept. in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes, or site alterations occur. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Additional for all systems: Landscape system area for surface water runoff and grass. Do not place drive or any building over the system area or repair area. Observe all proper setbacks (15A NCAC 18A .1930). Do not work soil or install system in wet conditions. This permit must be on site during installation and inspection.

Authorized State Agent: _____

Date: 5/1/14

White Owner/Contractor Yellow - Health Department Pink Building Inspections