

IMPROVEMENT PERMIT Beaufort County Health Department

Environmental Health Section

220 North Market St.

Foi	Page 1 of 2		
*CDP File Number	44474 - 2	,	
County ID Number:	7601001817		
	NEW		

IA.	Vashington	NC 27889	\ E	valuated For	IAEAA	
	_		\	PERMIT VALI	D UNTIL: 0 9 /	30/2025
		.048 Fax: 252-946-20 ON: Building Permits car				Sheet OCA?
	Michael Humphreys			Tours	an ream. —	
Address:	1244 Hillsboro Road		Property O	WITEI.	ox 1847	
	Chapel Hill		Address: Cily:	Wilson		
State/Zip:	NC	27516				27894
212772121	,,,,	2.13.10	State/Zip:	NC		27094
Phone #:			Phone #:	W.		
Address Chambers Pol		***************************************	cation & Site Inform	nation	Phone	
Road # Belhaven	NC 27	814 Subdivision:	The Trade Winds		Phase:	Lot. 2
Township:			Directions	(Described Descri	1. D	livet after acceptant
	SINGLE FAMILY		on right.	r Pamilco Beac	п коваргорету із	just after cemetary
	3		2g			
	6					
*Water Supply:	PUBLIC					
Initial System *Site Classification	: Provisionally Su	itable <u>Sy s</u>	tem Specifications			
Saprolite System?	○Yes 🏵	No	Minimum Tren	ch Denth	1 8	Inches
Design Flow:	3 6 6			,	L	
Soil Group:	1	_	Maximum Tre	non Depth:	1_8_	Inches
Soil Application Rate:	Ø.8		Fill Depth:			inches
			Septic Tank		1 0 0	Ø Gallons
*System Classific TYPE III B. SYS	TEM W/SINGLE EFF		Pump Require	d:		
*Proposed System	m · COMVENTIONA	l	Pump Tank:		100	Ø Gallons
Floposed Cyster						
Repair System Requir	ed: Yes	○No ○No, but has	Available Space		···	
Repair System						
*Site Classification	: Provisionally Suit	aple	Minimum Tren	ch Depth:	1 8	Inches
Soll Application Rate:	Ø . 8		et T mumixe M	nch Depth:	1 8	Inches
*System Classifica	ation/Description		Fill Depth:			Inches
111 £ 111 0, 010	riani prontona mi	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Pump Require	ıd:		May be Required
*Proposed System	m: CONVENTIONA	M.	Pump Tank:		1,0,0	
N	lo grading or constru-	ction activity is allowed in	areas designated for	system and repa	ir without approval of	Health Department.
'Site Modification		,			• • • • • • •	•
gito mounication	<u></u>					
	The leguance of this	s permit by the Health Dep	adment in no way or	iarantees the less	uance of other narmits	. The permit holder
*Permit C ondition	ls re 1,000 gallon septi Use soil doth - M	spermit by the Health Dep isponsible for checking wi c tank, 1,000 gallon pump tar aintain all selbacks - An Autho Counly Health Department	th appropriate govern ik, pressure manifold an	ing bodies in me d 3 (3' x 50') conve	eting their requiremen ntional drainlines for initia	its. ol and repair
ules, or this article. This i	permit is subject to rev ssuring compliance wi (b)). 1837 . McD	ay impose conditions on the rocation if the site plan, plat th the laws, rules, and perm coy, Eugene	, or intended use chang	ges (NCGS 130A-3 system location, l	35(f)). The person owning a stallation, operation, r	ng or controlling the system

Authorized State Agent Signature: Kel-15 Owner/Applicant Signature:. "Site Plan/Drawing attached."

notwerd breH

Michael Humphreys Trade Winds LOT 2 Home And Septic Offsite Location



