IMPROVEMENT PERMIT

Beaufort County Health Department

Environmental Health Section

	220 North Marke			County ID		7601003745 NEW				
	Washington	NC	27889	Evaluated	FOT.					
	Phone: 252-94	6-6048 Fax:	252-946-20	074 PERM	IT VALID UN	NTIL: Ø 9 /	14/2021			
NOTE TO	INSPECTIONS DI	VISION: Buildin	g Permits can	not be issued with only an imp	provement Pa	emit. 🗆 Fill:	Sheet OCA?			
Applicant:	Michael E. Hum	phreys		Property Owner:		Humphreys				
Address:	Petersgasse 42	, Basel 4051		Address:		e 42, Basel 405	1			
City:	Switzerland			City:	Swilzerland		,			
State/Zip;	NC			State/Zip:						
Phone #:				Phone #:						
Address Chambers I	Point Road		Property Lo	cation & Site Information						
Road # Belhaven	NC	27810	Subdivision:	The Trade Winds	Pha	ase:	Loi: 33A			
Township;				Directions						
Structure:	SINGLE FAMILY	,		Go toward end of Pamlico	Beach Ro	adoff Old Pa	mlico Road			
# al Bedrooms:	3									
# of People:										
*Water Supply:	PUBLIC)			
Initial System			Suet	em Specifications						
*Site Classification	on: Suitable		71.47	· · · ·						
Saprolite System?	~	⊚ No		Minimum Trench Depth;		, 1,8,	Inches			
Design Flow:	3 6	<u>, v</u>		M aximum Trench Depth;	 -	18	Inches			
Soll Group:	1			Fill Depth:	_	<u> </u>	Inches			
Soil Application Rate	: <u>Ø</u> .8	-4		Septic Tank:						
*System Classification/Description:				·		1 0 0 0 Gallons				
TYPE III B. SY	STEM W/SINGLÉ E	FFLUENT PUN	IP	Pump Required:	•	Yes ONo	May Be Required			
*Proposed Syst	em: CONVENTIO	NAL		Pump Tank:	_	1 0 0 0	Gallons			
Repair System Requ	ired: Yes	ONo C	No, but has i	Avallable Space						
Repair System										
*Site Classificatio	n: Sultable			Minimum Trench Depth:	•—	1.8	Inches			
Soil Application Rate:	.08			Maximum Trench Depth:	<u></u>	1 8	Inches			
*System Classifi	cation/Description	on:			L					
TYPE III B. SY	STEM W/SINGLE	FFLUENT PU	NP .	Fill Depth:			Inches			
				Pump Required:		'es ONo	May be Required			
*Proposed Syste				Pump Tank:	<u> </u>	1000	u Galiolis			
*Sile Modification		ruction activity is ion to Construc	s allowed in ar I will be issued	eas designated for system and d upon approval of final site pl	repair witho	ut approval of H	ealth Department.			

For Office Use Only

*CDP File Number

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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, 1000gal pump tank, NEMA 4X control panel, effluent pump, supply line, pressure manifold and 3 (3' \times 50') conventional drainlines as shown on permit; use soil cloth; Tankage located on Lot 3 and drainfield located on Lot 3A; supply located in easement

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 (NGGS 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, mainterlance, monitoring, reporting, and repair (.1938(b)).

Marthagigad Clata Americ 2010 Harry Striker.			•• •• •• •• •• ••	1				
*Authorized State Agent: 2018 - Hager, Malthew	I IIIZ	1 .	Data of towns		t			
		1)/07/23	Date of Issue:	Ø9	/ 1 4 /	/ 🤈	Ø	1 6
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Owner/Applicant Signature:	<i>- 1</i> "	B				-		