



# 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		Page 1 of 2
*CDP File Number	121911 - 1	
County ID Number:	6692925622	
Evaluated For:	NEW	

PERMIT VALID UNTIL: 05 / 31 / 2024

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

**Applicant:** Matthew Linderman  
**Address:** 1109 N. Mineral Springs  
**City:** Durham  
**State/Zip:** NC 27703  
**Phone #:** (919) 883-6215

**Property Owner:** Matthew Linderman  
**Address:** 1109 N. Mineral Springs  
**City:** Durham  
**State/Zip:** NC 27703  
**Phone #:** (919) 883-6215

**Address:** Davis Lane  
**Road #:** Belhaven NC 27810  
**Township:**  
**Structure:** SINGLE FAMILY  
**# of Bedrooms:** 3  
**# of People:** 6  
**\*Water Supply:** PUBLIC

**Property Location & Site Information**  
**Subdivision:** Smugglers Cove **Phase:** **Lot:** 18

**Directions**  
 From Bath-Hwy 92/99 East to Wheat Patch Road, turn right, go to Alexander Drive and turn left, go to Davis Lane, turn right

**Initial System**  
**\*Site Classification:** PS Shallow Placement  
**Saprolite System?**  Yes  No  
**Design Flow:** 3 6 0  
**Soil Group:** III  
**Soil Application Rate:** 0 . 3

**System Specifications**  
**Minimum Trench Depth:** 1 2 Inches  
**Maximum Trench Depth:** 1 2 Inches  
**Fill Depth:** 6 Inches  
**Septic Tank:** 1 0 0 0 Gallons  
**Pump Required:**  Yes  No  May Be Required  
**Pump Tank:** 1 0 0 0 Gallons

**\*System Classification/Description:**  
 TYPE II C. CONV. SYSTEM WITH SHALLOW PLACEMENT

**\*Proposed System:** CONVENTIONAL

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

**Repair System**  
**\*Site Classification:** PS Shallow Placement  
**Soil Application Rate:** 0 . 3

**System Specifications**  
**Minimum Trench Depth:** 1 2 Inches  
**Maximum Trench Depth:** 1 2 Inches  
**Fill Depth:** 6 Inches  
**Pump Required:**  Yes  No  May Be Required  
**Pump Tank:** 1 0 0 0 Gallons

**\*System Classification/Description:**  
 TYPE II C. CONV. SYSTEM WITH SHALLOW PLACEMENT

**\*Proposed System:** 25% REDUCTION

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

**\*Site Modifications**

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; 25% reduction for Repair; maintain setbacks; An Authorization to Construct will be issued upon approval of final site plan by BCHD and any other permitting agencies (CAMA, DWQ, etc.)

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, Matthey Date of Issue: 05 / 31 / 2019

Authorized State Agent Signature: [Signature]  
Owner/Applicant Signature: \_\_\_\_\_

\*\* Site Plan/Drawing attached.\*\*

Chara Rema 750

Chara Rema 472

