

NO

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

- ☒ New Construction  
☐ Repair  
☐ Flow Addition

**Improvements Permit**

**A Building Permit cannot be issued with only an Improvement Permit**

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

Owner: Inner Banks, LLC Phone: 252-799-1328

Address: 206 Crescent Drive Windsor, NC 27983

Subdivision: Cypress Shores on the Pamlico Lot Number: 3

State Road Number: 1354 Directions: River Rd east T/R on SR 1354;

subdivision on left \_\_\_\_\_ 10-DIGIT PIN \_\_\_\_\_

Property Size: .38 a Type Structure: House

Design Flow: 480 No. Bedrooms 4 No. People: 8

Water Supply: ☒ Public ☐ Private (Maintain minimum 10 feet separation  
From any part of septic system and repair area.)

Classification: ☐ Suitable ☒ Provisionally Suitable ☐ PS with fill

Additional Drainage: Swale property lines

Seasonal Wetness Condition: 30" Soil Type II System Type IIIg

Septic Tank: 1000 gal. Pump Tank: 1000 gal.

Pump Required: ☐ Yes ☐ No ☒ May be required based upon final location & elevation of facilities.

Nitrification Field: 450 (alternative trench) square feet trench bottom

Trench Depth: 18" Fill Depth: N/A

Comments: Set 1000gal tank and install 3 lines (3' x 50') alternative trenches for  
initial and repair; maintain setbacks; use soil cloth

See attachment for site plan

An Authorization to Construct will be issued upon approval of final site plan by Beaufort County Health Department and any other permitting agencies (DWQ, CAMA, etc)

Site Plan

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 .1950). Do not work soil or install in wet conditions. This permit must be on site during installation and inspection.

Authorized State Agent: \_\_\_\_\_

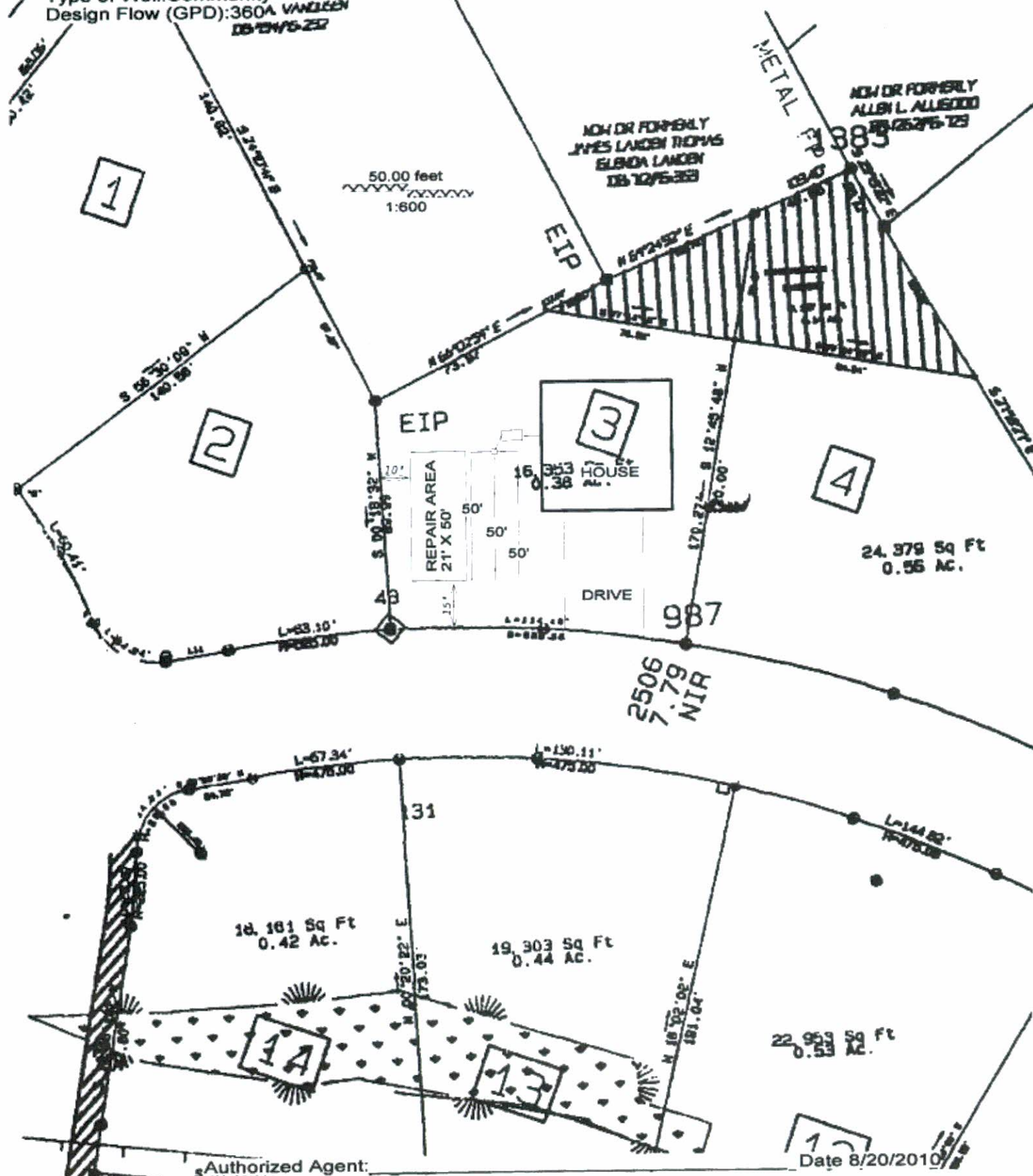
White Owner/Contractor Yellow - Health Department Pink Building Inspections

Date: 4/21/11

Owner: Inner Banks, LLC  
Owner Address: 206 Crescent Drive  
Owner Address(2): Windsor, NC 27983  
Owner Phone #: 252-799-1328  
Property Address: Shady Shores  
PIN: 1111-11-1111  
Record # \

Establishment Type: Home  
Type of Well: Community **OPENLY**  
Design Flow (GPD): 360 **A. VAN LEE**

Initial Site  
Wastewater System: Polystyrene Aggregate  
Long Term Acceptance Rate (GPD/SQFT)  
Trench Width: 3 FT  
Trench Spacing (OC): 9 FT  
Trench Bottom From NGL: -18 IN  
Septic Tank Volume: 1000 GAL



## **To complete this application you will need:**

- **A map of the property to be evaluated**

This map can be obtained from Land Records Office, down the hall from this office, 2nd door down on right.

- **10 digit parcel number for the property**

This number can be obtained from Land Records Office, down the hall from this office, 2nd door down on right.

- **A proposed site plan for the property**

- You can use the attached site plan worksheet or submit your own
- See sample site plan on last page of application
- Please follow the instructions on the site plan worksheet
- It is important that you be specific about locations of structures, driveways, wells, etc. or we cannot properly evaluate your site

*All checks can be made Payable to: Beaufort County Health Department*





Beaufort County Public Health Department  
Application for Improvement Permit and/or Authorization to Construct

FOR OFFICE USE ONLY  
Received \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Called \_\_\_\_\_  
File# \_\_\_\_\_

☐ Improvement Permit ☐ Authorization to Construct

**IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)**

**APPLICANT INFORMATION**

Applicant	Address	Home & Work Phone
Owner	Address	Home & Work Phone

**PROPERTY INFORMATION**

State Road Number \_\_\_\_\_ 10 Digit Parcel Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Property Size \_\_\_\_\_

Street Address (if existing or repair)	Subdivision Name (if applicable)	Lot #
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Directions to Site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEVELOPMENT INFORMATION**

- ☐ New Single Family Residence (\$75.00)  
☐ Existing System Inspection(\$50.00)  
☐ Repair to Existing Septic System(\$50.00)  
☐ Non-Residential Type of Structure (shop, business, etc.)((\$75.00)  
☐ Flow Addition (\$75.00)

**Residential Specifications**

Max number of bedrooms: \_\_\_\_\_  
Max number of occupants: \_\_\_\_\_  
If expansion: Current number of bedrooms: \_\_\_\_\_

**Non-Residential Specifications: (if applicable)**

Type of business: \_\_\_\_\_  
Max # of employees: \_\_\_\_\_ Max # of seats: \_\_\_\_\_  
Total Square footage of Building: \_\_\_\_\_

**Existing System Specifications: (if applicable)**

- |   |  |
|---|--|
| <input type="checkbox"/> Replacing Home | <input type="checkbox"/> Addition                |
| <input type="checkbox"/> Deck/Porch     | <input type="checkbox"/> Storage Building/Garage |
| <input type="checkbox"/> Other _____    |  |

**Water Supply:**

☐ New Well ☐ Existing Well ☐ Public Water

**If applying for an Authorization to Construct: Please indicate Desired system type(s): (systems can be ranked in order of your preference).**

- |   |   |
|---|---|
| ① Conventional (rock trench)            | ④ Innovative (pretreatment, drip, etc.) |
| ② Accepted (polystyrene, chamber, etc.) | ⑤ Other _____                           |
| ③ Alternative                           |   |

**\*\*\* By signing this application, I am stating that the above order of system types is my preference\*\*\***

The Applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation and show their location on the plat or site plan.

<input type="checkbox"/> yes <input type="checkbox"/> no	<b>Does the site have a previous permit, either current or expired from this department?</b>
<input type="checkbox"/> yes <input type="checkbox"/> no	Does the site contain any jurisdictional wetlands?
<input type="checkbox"/> yes <input type="checkbox"/> no	Is any wastewater going to be generated on the site other than domestic sewage?
<input type="checkbox"/> yes <input type="checkbox"/> no	Is the site subject to approval by any other public agency (CAMA, DWQ, etc.)?
<input type="checkbox"/> yes <input type="checkbox"/> no	Does this site contain any existing wastewater systems?
<input type="checkbox"/> yes <input type="checkbox"/> no	Are there any easements or right of ways on this property?

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed or a revisit fee will be assessed. **I also understand that all fees paid to Beaufort County Environmental Health are non-refundable.**

Property owner's or owner's legal representative\*\* signature (required)

Date

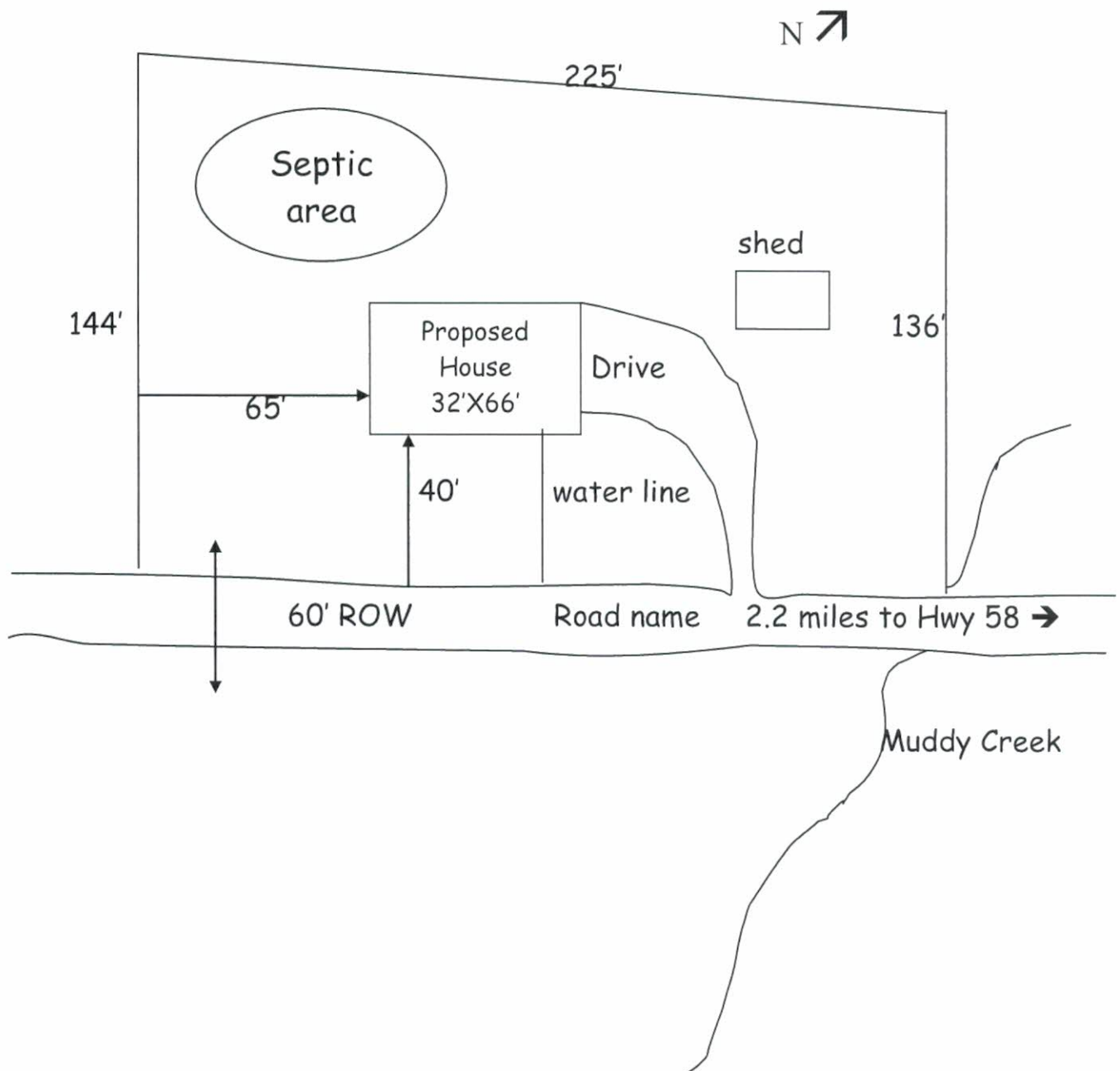
\*\*Must provide documentation to support claim as owner's legal representative.

**Example Site Plan**

This example was prepared to assist you in drawing your own site plan. Without your site plan we cannot perform the site evaluation. If you have any questions, please call us at (252) 946-6048

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### SITE PLAN WORKSHEET

Place a mark (X) beside each item that has been indicated on your site plan, incomplete site plans will be returned to you for completion. Remember: **Your property will not be scheduled for an evaluation until we have received a completed application, site plan, and all proposed items are marked on the property.**

- \_\_\_\_\_ - The dimensions of the property.
- \_\_\_\_\_ - The proposed location of all structures (e.g.: facility, wells, water lines, outbuildings, pools).  
Show the distances from the road and the side property line to all structures. Be sure and give the dimensions for all the structures. If you are unsure as to the structure size, please show the dimensions of the MAXIMUM area of the lot that you anticipate the structure will cover.
- \_\_\_\_\_ - The site you would prefer your septic system to go in.
- \_\_\_\_\_ - The preferred driveway location.
- \_\_\_\_\_ - The proposed well location.
- \_\_\_\_\_ - A north arrow or other sufficient directional indicator.
- N/A \_\_\_\_\_ - Any proposed structures or improvements to the property such as garages, workshops, pools, etc.  
**If there are none, circle "N/A"**
- N/A \_\_\_\_\_ - The location of any existing septic tank systems and wells on your property and on the adjoining property within 100' of your property line. **If there are none, circle "N/A"**.
- N/A \_\_\_\_\_ - The location of any easements or rights of way on the property. **If there are none, circle "N/A"**.
- N/A \_\_\_\_\_ - The location of any designated wetlands on the property. **If there are none, circle "N/A"**

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USE THIS SPACE TO DRAW YOUR SITE PLAN:



## **Preparing your property for evaluation:**

- **For new system evaluations:**
  - Property must be cleared (mowed, bush-hogged, etc.) to permit easy access. This may require mowing tall weeds in a field or cutting bushes and limbing trees in a wooded area. If wooded lots are cleared, it is very important not to disturb existing soil or reshape lots in any way. Clearing with heavy equipment should only be done in dry conditions. Disturbance of soil may cause sites to be unsuitable for a septic system or may require a more expensive system. A permit that has been issued could be revoked due to site disturbance or construction in the area permitted for the septic system or repair area.
  - Property corners must be flagged with provided yellow flags. All survey irons must be identified prior to calling for the site evaluation. If owner/agent cannot find irons, then a licensed surveyor should be hired by the owner/agent to identify irons.
  - Property must be identified by a marker on the road frontage.
  - Any designated wetlands must be identified prior to this evaluation. You are advised to check with Army Corps of Engineers at (252) 975-3025 and CAMA at (252)946-6481
- **For existing system evaluations:**
  - A portion of the septic tank must be uncovered. (1'x1'min.)
  - A yellow flag must be placed at the septic tank and another at the driveway or road frontage to aid in locating the site.
- **For repair evaluations:**
  - Place a yellow flag at the septic tank and another at the driveway.
  - Please indicate on the application what type of problem you are having. (backing up in house, in yard, at tank, etc.)

### ***Once you have properly prepared the site for evaluation:***

- ***Contact Environmental Health at (252)946-6048***
- ***If you do not call back, your site will not be scheduled for inspection***
- ***Failure to prepare property may result in additional fees***

Please note:

The septic system and any other improvements or conditions shall be installed and maintained as indicated on the permit issued. This permit shall in no way be taken as a guarantee or implied warranty that the septic system will function for any given period of time or that representatives of the Health Department assume any liability for related damages, consequential or direct, which are caused or which may be caused by a malfunctioning of such system.