

# 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	
*CDP File Number:	<u>370931 - 2</u>
County ID Number:	<u>5696756679</u>
Evaluated For:	<u>NEW</u>

PERMIT VALID UNTIL: 03/10/2027

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

Applicant: Doug Alligood  
 Address: 719 Sawmill Landing  
 City: Bath  
 State/Zip: NC 27808  
 Phone #: (252) 943-8208

Property Owner: Carolyn Alligood  
 Address: 1330 Mill Hole Road  
 City: Washington  
 State/Zip: 27889  
 Phone #: (252) 945-2527

Address: Slatestone Road **Property Location & Site Information**  
 Road #: Washington, NC 27889 Subdivision: \_\_\_\_\_ Phase: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Township: \_\_\_\_\_ **Directions**  
 Structure: SINGLE FAMILY Property across from Deerfield MHP  
 # of Bedrooms: 3  
 # of People: \_\_\_\_\_  
 \*Water Supply: N/A

Initial System	System Specifications
*Site Classification: <u>PS @ Grade w/Cap</u>	Minimum Trench Depth: <u>8</u> Inches
Saprolite System? <u>No</u>	Maximum Trench Depth: <u>10</u> Inches
Design Flow: <u>360</u>	Fill Depth: _____ Inches
Soil Group: <u>III</u>	Septic Tank: <u>1000</u> Gallons
Soil Application Rate: <u>0.3</u>	Pump Required: <u>May be required</u>
*System Classification/Description: _____	Pump Tank: <u>1000</u> Gallons
<u>TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS</u>	*Proposed System: <u>LOW PROFILE</u>

Repair System Required: Yes

Repair System	System Specifications
*Site Classification: <u>PS w/Fill</u>	Minimum Trench Depth: <u>18</u> Inches
Soil Application Rate: <u>0.3</u>	Maximum Trench Depth: <u>18</u> Inches
*System Classification/Description: _____	Fill Depth: <u>24</u> Inches
<u>TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP</u>	Pump Required: <u>Yes</u>
*Proposed System: <u>FILL/MOUND</u>	Pump Tank: <u>1000</u> Gallons

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

**\*Site Modifications**  
 The following must be done prior to issuance of an Authorization to Construct: (1) Remove all trees from system area (do not remove topsoil). (2) Provide a detailed site plan.

**\*Permit Conditions**  
 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.  
 The septic system consists of a 1000 gal. septic tank, 1 d-box, all piping, 6 (3' x 70') low profile chamber drainlines, & 6" topsoil cover. A pump tank may be required depending on house location & elevation of plumbing.

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: 2319 - Dahlem, Blake Date of Issue: 03/10/2022

Authorized State Agent Signature: *Blake Dahlem*

Owner/Applicant Signature: \_\_\_\_\_