

21-1627



# IMPROVEMENT PERMIT

Craven County Health Department  
Environmental Health Section  
2818 Neuse Blvd., P.O. Drawer 12610  
New Bern, NC 28561  
Phone: (252) 636-4936

For Office Use Only

\*CDP File Number 360184 - 1  
County ID Number: 1-073 -016  
Evaluated For: NEW

PERMIT VALID UNTIL: 07/08/2026

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

Applicant: William & Linda Ambrose

Address: 21 Gamecock Way

City: Beaufort

State/Zip: SC 29906

Phone #: home: (843) 505-0985

Property Owner: Tonay Byrd, Margaret Hargett, Da

Address: 116 Pinecut Ln

City: Bogart

State/Zip: GA. 30622

Phone #: \_\_\_\_\_

### Property Location & Site Information

Address/Road #: 2975 Nelson Rd Grifton, NC 28530      Subdivision: \_\_\_\_\_      Phase: NEW      Lot: \_\_\_\_\_

**Directions**

Structure: SINGLE FAMILY

# of Bedrooms: 4

# of People: 8

\*Water Supply: PUBLIC

### System Specifications

**Initial System**

\*Site Classification: Suitable      Minimum Trench Depth: 18 Inches

Design Flow: 480      Maximum Trench Depth: 30 Inches

Soil Application Rate: 0.8000      Septic Tank: 1000 Gallons

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

1-Piece:  Yes  No

Pump Required:  Yes  No  May Be Required

\*Proposed System: CONVENTIONAL      Pump Tank: \_\_\_\_\_ Gallons

1-Piece  Yes  No

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

**Repair System**

\*Site Classification: Suitable      Minimum Trench Depth: 18 Inches

Soil Application Rate: 0.800      Maximum Trench Depth: 30 Inches

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

Pump Required:  Yes  No  May Be Required

\*Proposed System: CONVENTIONAL



**\*Site Modifications**

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

\*If Sub-dividing land have property divided, surveyed, and registered with the register of deeds before applying for Construction Authorization.

**\*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.

\*\*Initial and repair areas are alike 21'x67' conventional systems with 30" max trench bottoms.

\*Keep all foundations at least 5' from any part of the septic system or repair area.

\*Keep all waterlines at least 10' from any part of the septic system or repair area.

Site Plan

The Improvement Permit shall be valid for 5 years from date of issue with a site plan (means a drawing not necessarily drawn to scale that shows the existing and proposed property lines with dimensions, the location of the facility and appurtenances, the site for the proposed Wastewater system, and the location of water supplies and surface waters).

Plat

The Improvement Permit shall be valid without expiration with plat (means a property surveyed prepared by a registered land surveyor, drawn to a scale of one inch equals no more than 60 feet, that includes: the specific location of the proposed facility and appurtenances, the site for the proposed Wastewater system, and the location of water supplies and surface waters. Plat also means, for subdivision lots approved by the local planning authority and recorded with the county register of deeds, a copy of the recorded subdivisions plat that is accompanied by a site plan that is drawn to

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)).

Applicant/Legal Resps. Signature Required ?

Yes

No

Applicant/Legal Reps. Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Issued By: Kendall, Jacob

Date of Issue: 07/08/2021

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

*Jacob Kendall*

Valid without Expiration ?

Hand Drawing

Import Drawing

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





