



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

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*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

Property Location & Site Information

Subdivision: Smugglers Cove

Phase: Lot: 18

Township:

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

Structure: SINGLE FAMILY
of Bedrooms: 3
of People: 6

*Water Supply: PUBLIC

Initial System

System Specifications

*Site Classification: PS Shallow Placement

Saprolite System? ☐ Yes ☒ No

Design Flow: 3 6 0

Soil Group: III

Soil Application Rate: 0 . 3

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

*Proposed System: CONVENTIONAL

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

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

Repair System

*Site Classification: PS Shallow Placement

Soil Application Rate: 0 . 3

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

*Proposed System: 25% REDUCTION

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

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, Matthew Date of Issue: 05 / 31 / 2024

Authorized State Agent Signature: *[Signature]*

Owner/Applicant Signature: _____

** Site Plan/Drawing attached.**

