

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: 449423 - 1
County ID Number: 7603418475
Evaluated For: NEW

PERMIT VALID UNTIL: 02/21/2030

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

Applicant: Chase Furlough
Address: 8889 River Rd
City: Grifton
State/Zip: NC 28530
Phone #: (252) 505-6893

Property Owner: Inez Hinton Trust, Jan Bass
Address: 1601 Herring Ln
City: Wilmington
State/Zip: NC 28403
Phone #: (910) 232-2111

Address: 337 Pamlico Beach Rd
Belhaven, NC 27810
Road #: 1730
Township: _____
Structure: SINGLE FAMILY
of Bedrooms: 3 # of People: 6
Water Supply: PUBLIC

Property Location & Site Information

Subdivision: _____ Block/Phase: _____ Lot: _____

Directions

Over the bridge across the creek, access will be on left.

Initial System

Usable Soil Depth: 24
Saprolite System?: No
Design Flow: 360
Soil Group: III
Soil Application Rate: 0.4
System Classification/Description: _____

System Specifications

Minimum Trench Depth: 12 Inches
Maximum Trench Depth: 12 Inches
Fill Depth: 6 Inches
Septic Tank: 1000 Gallons
Pump Required: May be required
Pump Tank: 1000 Gallons
Proposed System: CONVENTIONAL

TYPE II C. CONV. SYSTEM WITH SHALLOW PLACEMENT

Repair System Required: Yes

Repair System

Usable Soil Depth: 24
Soil Application Rate: 0.4
System Classification/Description: _____
TYPE II C. CONV. SYSTEM WITH SHALLOW PLACEMENT
Proposed System: CONVENTIONAL

Minimum Trench Depth: 12 Inches
Maximum Trench Depth: 12 Inches
Fill Depth: 6 Inches
Pump Required: May be required
Pump Tank: 1000 Gallons

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

Site Modifications

Some trees will have to be removed (do not removed topsoil)

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.

1000gal septic tank, distribution box, all piping and 5 (3' x 60") conventional drainlines for initial and repair; 6" topsoil cover required; An Authorization to Construct will be issued when final site plan is approved by Beaufort County Health Department

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 (per rule .0301(a)).

Authorized State Agent: 2018 - Hager, Matthew

Date of Issue: 02/21/2025

Authorized State Agent Signature: M. Hager

Owner/Applicant Signature: _____

