



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 Page 1 of 2

*CDP File Number 47896 - 2

County ID Number: 6692222578

Evaluated For: NEW

PERMIT VALID UNTIL: 06 / 05 / 2025

Fill Sheet CA?

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

Applicant: Gary Respass
Address: 5141 Old 97 Road
City: Pantego
State/Zip: NC 27860
Phone #: (252) 944-3105

Property Owner: Gary Respass
Address: 5141 Old 97 Road
City: Pantego
State/Zip: NC 27860
Phone #: (252) 944-3105

Address Ashton Drive
Road # Bath NC 27808
Township:
Subdivision: Ashton Landing Phase: Lot: 5/5A

Structure: SINGLE FAMILY
of Bedrooms: 3
of People: 6
*Water Supply: PUBLIC

Directions

Go through Bath to Kelly Road, turn right and take all the way to end of Kelly Road, turn left on Credle Drive, turn into Ashton Drive lot on right

Initial System

System Specifications

*Site Classification: PS LPP

Saprolite System? Yes No

Design Flow: 3 6 0

Soil Group: III

Soil Application Rate: 0 . 1 5

*System Classification/Description:
TYPE IV A. ANY SYSTEM WITH LPP DISTRIBUTION

*Proposed System: CONVENTIONAL

Minimum Trench Depth: 1 8 Inches

Maximum Trench Depth: 1 8 Inches

Fill Depth: 1 2 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 w/Fill

Soil Application Rate: 0 . 3

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System: CONVENTIONAL

Minimum Trench Depth: 1 8 Inches

Maximum Trench Depth: 1 8 Inches

Fill Depth: 2 0 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**

***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, 1000gal pump tank, NEMA 4X control panel, effluent pump, all piping and 5 (1.5' x 96') low-pressure pipe drainlines in 12" fill; ORC required; Off-site Repair (5A) is 20" mound; An Authorization to Construct will be issued when fill requirements are met and 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 (.1938(b)).

*Authorized State Agent: 2018 - Hager, Matthew

Date of Issue: 06 / 05 / 2020

Authorized State Agent Signature: *M. Hager*

Owner/Applicant Signature: _____

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

Hand Drawing Import Drawing

Chara Rema 750

Chara Rema 365



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Phone: 252-946-6048 Fax: 252-946-2074

File Number: 47896

Date: 06/05/2020

Fill System Specification Sheet

Applicant: Gary Respass

Required Fill: 1 2 Inches

Location: 5141 Old 97 Road Ashton Drive Bath NC
Pantego NC 27860 27808

Area of Fill: 4 0 X 1 1 4

Soil Classification: III

FILL REQUIREMENTS

These requirements for fill must be completed and then approved by the County Health Department prior to issuance of an Authorization to Construct. Fill material must be Group 1 (sand or loamy-sand) texture to the top of the treatment and disposal trench(es). The final 6" of fill material shall be a finer texture soil (sandy loam or sandy clay loam topsoil) for the establishment of vegetative cover. Fill material must be approved by the County Health Department prior to placement on site. Laboratory testing (particle size analysis) may be required to provide proof of fill material texture.

INSTALLATION & INSPECTIONS

The area designated for the septic system shall be indicated on the Improvements Permit. Failure to install fill in the approved location may result in the fill having to be moved. Careful attention must be given to the preparation of the site to ensure that the septic system will function properly. Do not work the soil in wet conditions if the soil is Class II, III, or IV (refer to above for your soil classification). Working a Class II, III, or IV soil in wet conditions can destroy the soil characteristics and may also prevent an Authorization to Construct from being issued. Remove vegetative cover from designated area without removing any soil. Disc natural soil surface in multiple directions to break up root mat to a depth of 6 inches prior to adding any fill material. Add 6" of approved fill to area and disc again in multiple directions thoroughly until fill material is incorporated with the natural soil surface. The first 6" is most critical during installation. At this point, contact the County Health Department for a cut-in inspection. Once a cut-in inspection is completed and approved by this office, add remaining fill material to within 6" of the required height of the mound. Contact this office upon completion for a fill inspection. Completion of the above requirements will allow an Authorization to Construct to be issued for the site. Required topsoil cover must be on site prior to issuance of an Operation Permit.

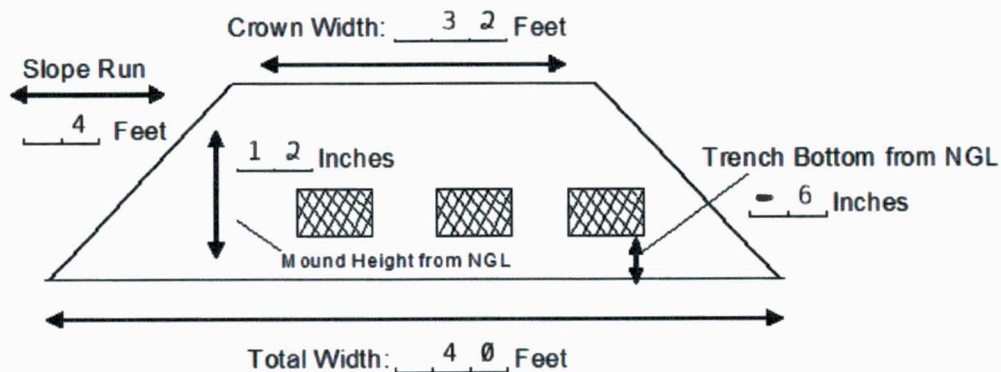
Environmental Health Specialist

Environmental Health Specialist

Date of cut-in Inspection ___ / ___ / _____

Date of fill Inspection ___ / ___ / _____

End View



Side View

