



BEAUFORT COUNTY HEALTH DEPARTMENT Environmental Health Section

220 North Market Street
WASHINGTON NC 27889

TELEPHONE: 252.946.6048
FAX: 252.946.2074

Applicant: John Millman

Required Fill: 18" (12" sand, 6" topsoil)

Location: Sunnglers Cove Lot 27

Area of Fill: 52' x 122'

Soil Classification: III

FILL REQUIREMENTS

These requirements for fill must be completed and then approved by the Beaufort 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 Beaufort 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 this office at (252) 946-6048 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.

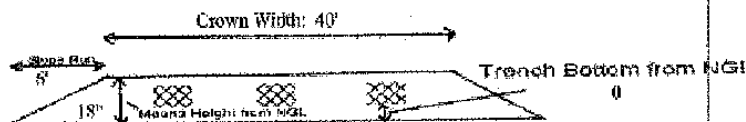
Environmental Health Specialist

Environmental Health Specialist

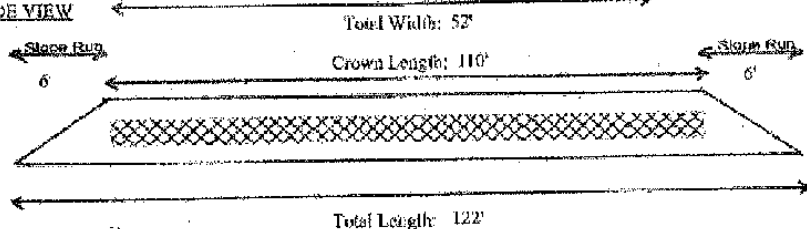
Date of cut-in inspection: _____

Date of fill inspection: _____

END VIEW



SIDE VIEW

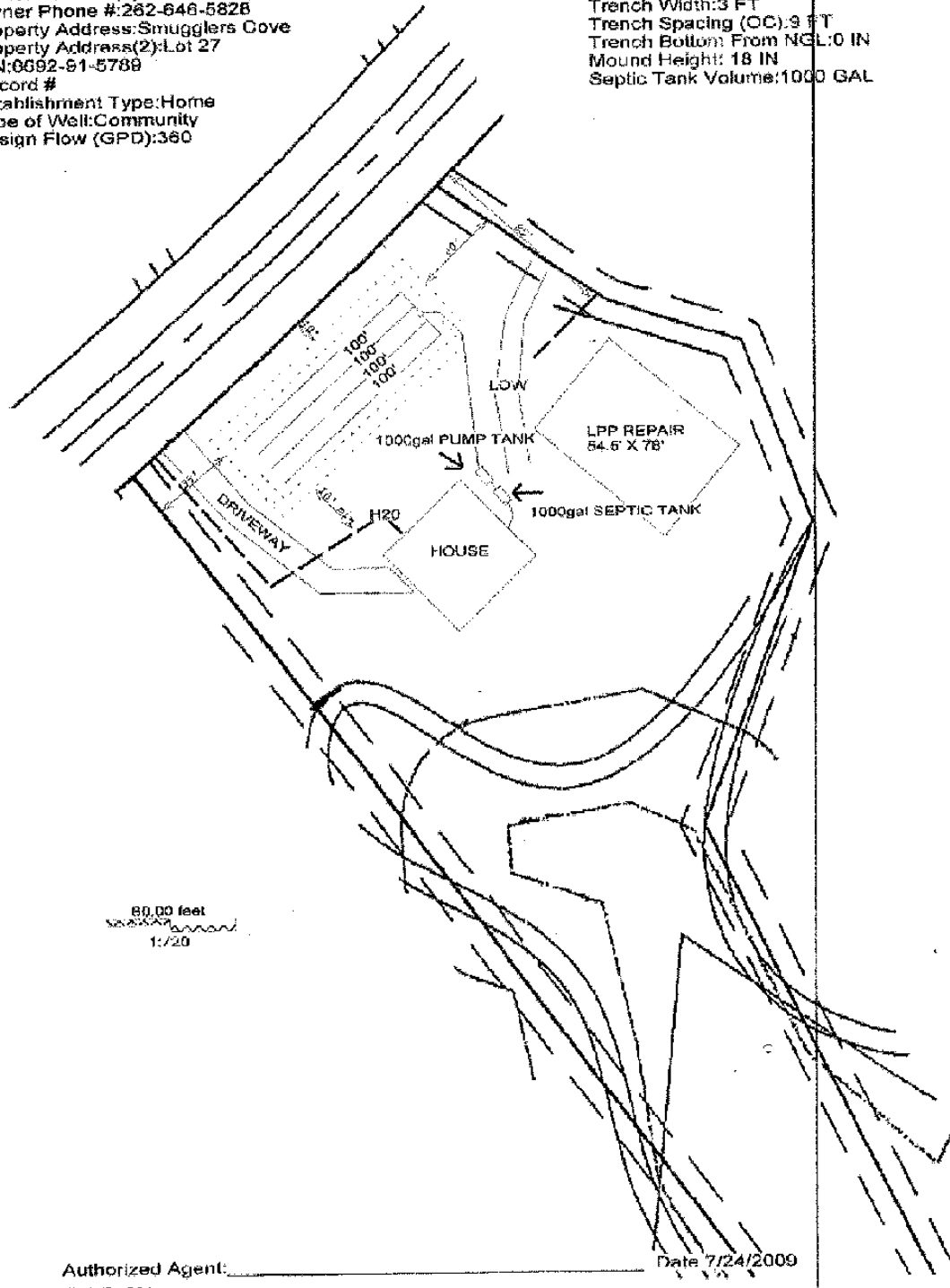


07-24-2009

IMPROVEMENT PERMIT

Owner: John Millman
 Owner Address: N5W229324 Venture Hill
 Owner Address(2): Waukesha, WI 53188
 Owner Phone #: 262-646-5828
 Property Address: Smugglers Cove
 Property Address(2): Lot 27
 PIN: 0692-91-5789
 Record #
 Establishment Type: Home
 Type of Well: Community
 Design Flow (GPD): 360

Initial Site
 Wastewater System: Conventional Pipe
 Long Term Acceptance Rate (GPD/SQFT):
 Trench Width: 3 FT
 Trench Spacing (OC): 9 FT
 Trench Bottom From NGL: 0 IN
 Mound Height: 18 IN
 Septic Tank Volume: 1000 GAL



Authorized Agent: _____

Date 7/24/2009

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