

IMPROVEMENT PERMIT

Forsyth County Department of Public Health
Division of Environmental Health
799 North Highland Ave/P.O. Box 686
Winston-Salem, NC 271020686
Phone: (336) 703-3225 Fax: (336) 727-2183

For Office Use Only

*CDP File Number 290029 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 11/22/2024

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

Applicant: _____
Address: _____
City: _____
State/Zip: _____
Phone #: _____

Property Owner: _____
Address: _____
City: _____
State/Zip: _____
Phone #: _____

Property Location & Site Information

Address/Road #: HOLLER FARM RD. CLEMMONS, NC 27012 Subdivision: _____ Phase: NEW Lot: P/O112
Directions
Structure: SINGLE FAMILY OFFS STYERS FERRY RD.
of Bedrooms: 4
of People: 4
*Water Supply: NEW WELL

System Specifications

Initial System

*Site Classification: Provisionally Suitable

Design Flow: 480

Soil Application Rate: 0.2500

*System Classification/Description:

TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System:

CONVENTIONAL

Minimum Trench Depth: 35 Inches

Maximum Trench Depth: 35 Inches

Septic Tank: 1000 Gallons

1-Piece: ☐ Yes ☒ No

Pump Required: ☐ Yes ☒ No ☐ May Be Required

Pump Tank: _____ Gallons

1-Piece ☐ Yes ☒ No

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

Repair System

*Site Classification: Provisionally Suitable

Soil Application Rate: 0.250

*System Classification/Description:

TYPE II A. CONV SYSTEM (SINGLE-

*Proposed System:

CONVENTIONAL

Minimum Trench Depth: 35 Inches

Maximum Trench Depth: 35 Inches

Pump Required: ☐ Yes ☒ No ☐ May Be Required

***Site Modifications**

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

***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.

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☐ NoApplicant/Legal Reps. Signature: *M. W. [Signature]*Date: 12/2/19*Issued By: Daughtery, PatrickDate of Issue: 11/22/2019Authorized State Agent: *Patrick Daughtery*☐ Valid without Expiration ?☒ Hand Drawing☐ Import Drawing****Site Plan/Drawing attached.****

Forsyth County Department of Public Health

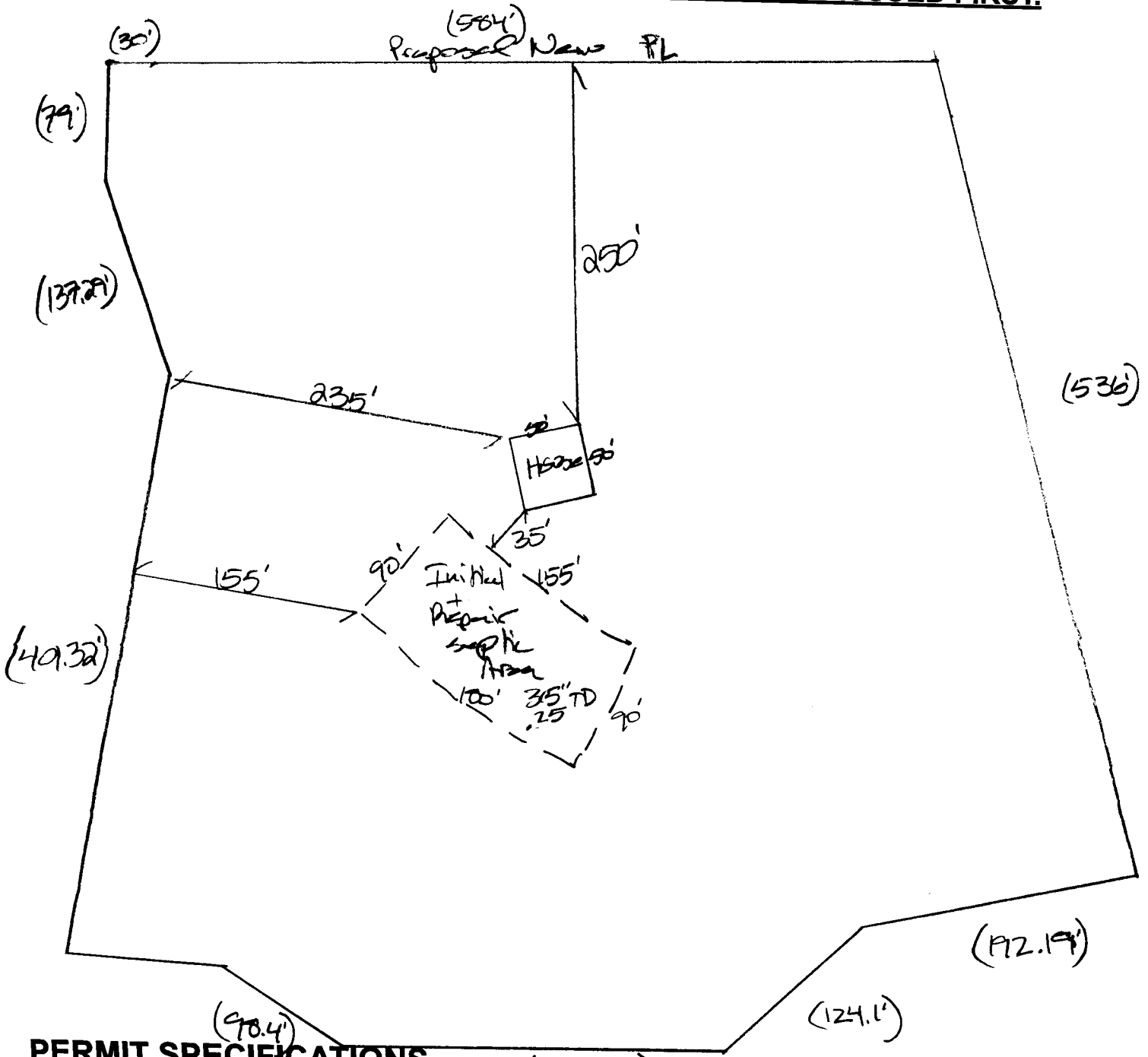
Improvement Permit

If the information on the Improvement Permit is falsified, changed or the site is altered, then the Improvement Permit shall become invalid.

Applicant's Name Robert Hogan File# 290029 Application#
Site Address Hollas Farm Rd (Gestys Eng)
Subdivision _____ Phase/Section _____ Lot P0 1123 Block 4403
Directions to Site _____

EHS Name P. Daugherty Issued Date 11-22-19 Expiration 11-22-24

NOTE: A BUILDING PERMIT SHALL NOT BE ISSUED WITH THIS PERMIT. AN AUTHORIZATION TO CONSTRUCT MUST BE ISSUED FIRST.



PERMIT SPECIFICATIONS