Needs Zoning Permit



IMPROVEMENT PERMIT

Improvement Permit Number: 167819						Parcel ID: <u>59419</u>	
	B	122 Bottom Road				THE PLANE A	
Owner/Legal Representative		Property Address			Phone Number		
						11.29	
State Rd #	S/D-MHP	Section/Ph	iase	Lot Number	er	Lot Size/Ad	creage
Watershed N		Water Classification			Critical	A	
			- D 1		Critical A	area	
Directions to property: Stony Point Rd TR Coleman Goforth TL Bottom rd on right							
ermit Type:	New Installation	No. of bedrooms: 4 No. of residents/employees: 8 max					
Vastewater Type:	Single Family	Design flow (GPD): 480	LTAR	<u>.3</u>			
Construction Type:	House	System Type: 25% redu	ction			Insp. Freq.	N/A
oundation Type:	Crawlspace	Tank Size: Septic 1000	g Pump N	V/A Gre	ase Trap 1	N/A	
Vater Supply:	Public/Municipal	Sq. Ft. 1200 # of lin	nes <u>3</u>	Width 36'	Ler	ngth 100'	On Ctr 9'
Vell Permit No:		Trench Depth (high side)	24" A	Aggregate N/	A Co	ver 9-12"	
		Repair Wastewater System	Type: PPBP	<u>S</u>			100% <u>Yes</u>
ondition(s) of Issuance: See Construction Authorization							
An authorized agent of DHHS shall have issued this Improvement Permit after determining that the site is suitable or provisionally suitable and that a system can be installed so as to meet the provisions of the Rules, and items required in G.S. 30A-336(a). An Improvement Permit for which a plat is provided shall be valid without expiration and an Improvement Permit for which a site plan is provided shall be valid for 60 months from the date of issue provided in G.S. 130A-335(f) and G.S. 130A-335(a). The Improvement Permit is transferable to subsequent owners except as provided in G.S. 130A-335(f) and G.S. 130A-336(a).							
The Construction Authorization shall be issued by an authorized agent for installation of a wastewater system when it is found that the Improvement Permit conditions and rules of this Section 15A NCAC 18A .1937 are met.							
If the installation has not been completed during the period of validity of Construction Authorization, the information submitted in the application for an Improvement Permit or Construction Authorization is found to be incorrect, falsified or changed, or the site is altered, the Improvement Permit and/or Construction Authorization shall become invalid, and may be suspended or revoked.							
This Permit Is	Valid For: <u>5 Years</u>		Att	tached: Site	Plan		
See Attro	hodSimature	John Halanzi	7m kz	- H1201		3/31/	2021
Owner/ Lega CCEH#6 REV.0	Representative	Date	Tim Vines	ett, REHS		Da	te

Environmental Health

200 South Post Road • Shelby, NC 28152 • Ph. 980.484.5130 • Fax 980.484.5135





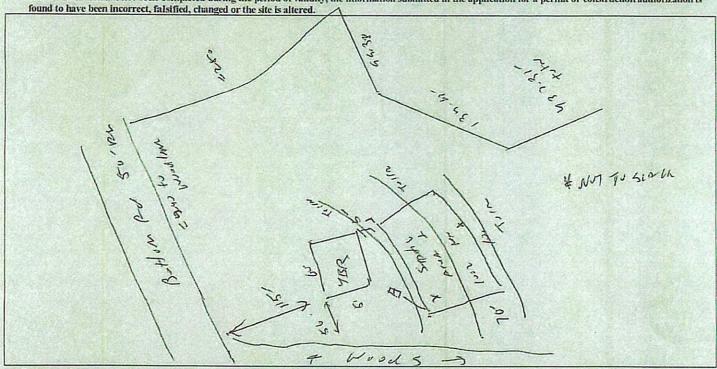
CONSTRUCTION AUTHORIZATION

Owner/Legal Representative Property Address Phone Number

11.29 167819

S/D-MHP Lot Number Lot Size/Acreage Improvement Permit Number

This Construction Authorization as provided in G.S. 130A-335(f) and G.S.130-336(b) shall be valid for a period equal to the period of validity of the Improvement Permit, not to exceed 60 months. This authorization for wastewater system construction shall become invalid, and may be suspended or revoked, if: the installation has not been completed during the period of validity, the information submitted in the application for a permit or construction authorization is found to have been incorrect. Statisfied absorbed a permit or construction authorization is



Condition(s) of Issuance: Take down terraces to prevent water from collecting at drainfield. Install 400' of 25% reduction type septic system. Intall on contour, no deeper than 24" to high side of trench bottom.

Permit Type: New Installation No. of bedrooms: 4 No. of residents/employees: 8 max

Wastewater Type: Single Family Design flow (GPD): 480 LTAR _3

Construction Type: House System Type: 25% reduction Insp. Freq. N/A

Foundation Type: Crawlspace Tank Size: Septic 1000g Pump N/A Grease Trap N/A
Water Supply: Public/Municipal Sq. Ft. 1200 # of lines 3 Width 36" Length 100' On Ctr 9'

Well Permit No: Trench Depth (high side) 24" Aggregate N/A Cover 9-12"

Repair Wastewater System Type: PPBPS 100% Yes

Owner/Legal Representative Date Tim Vinesett, REHS Date

Owner/Legal Rev. 01/20

Owner/Legal Rev. 01/20

Date

Environmental Health

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