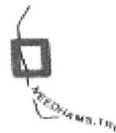


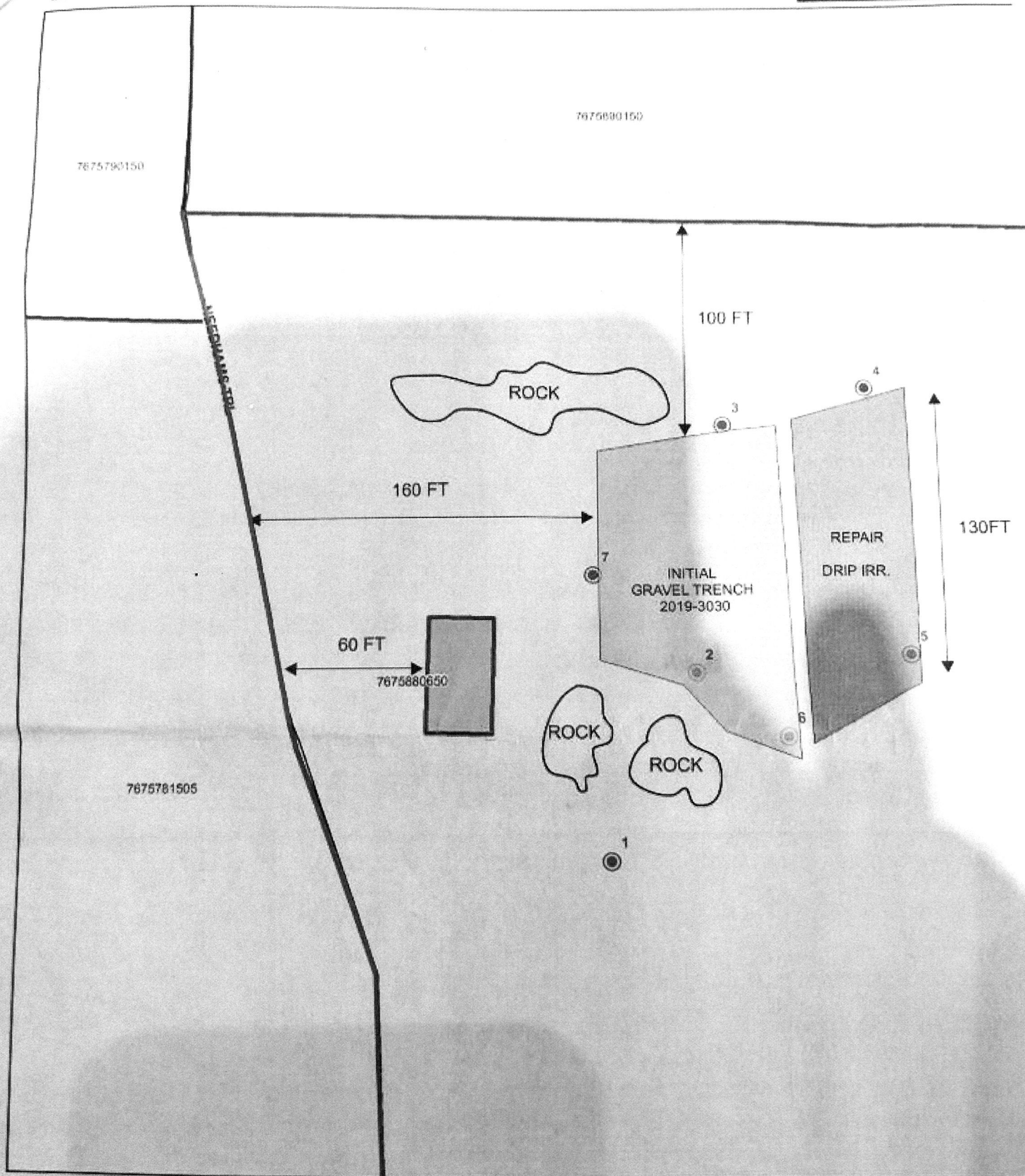


1 inch = 60 feet



Location: 7675880650

Date: 3/25/2020 - ehnhah





IMPROVEMENTS PERMIT

Improvements Permits are approvals for wastewater systems only, and are subject to revocation if the site or soil conditions are altered, the proposed facility, site plan or plat have changed, and the designed wastewater flow or wastewater characteristics have increased. **DO NOT GRADE OR DISTURB THE APPROVED SEPTIC SYSTEM AREA!** This is **not** a Construction Authorization Permit. A Construction Authorization Permit must be issued before any Building Permits can be obtained and before any construction begins on the property. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

Permit Type: SEPTIC NEW

Applicant: WALKER, MICHAEL THEODORE
Address: PO BOX 424
City, St. Zip: SEAGROVE, NC 27341

Permit #: 2019-00003030
Parcel #: 7675880650

Owner: WALKER, MICHAEL THEODORE
Address: PO BOX 424
City, St. Zip: SEAGROVE, NC 27341

Contact: MICHAEL WALKER
Contact Phone: 336 465-1460

LOCATION INFORMATION:

Address:
Township: 17 - RICHLAND
Acreage: 10.1400

Subdivision Name: NEEDHAMS MOUNTAIN MP2
Lot Number: TR 6

FACILITY INFORMATION:

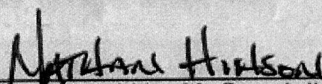
Proposed Use:	SINGLE FAMILY RESIDENCE
Wastewater Type:	DOMESTIC
Design Flow:	360
Number Of Bedrooms:	3
Max Number Of People:	6
Number Of Shifts:	0
Basement:	YES
Basement Fixtures:	YES

Dispersal Type:	GRAVITY
Wastewater System Type:	GRAVEL TRENCH
Wastewater Sys Class:	TYPE II C CONV SYSTEM SHALLOW PLACED

Conditions for Site Modifications: SEE LAYOUT- RECOMMEND INSTALLING SYSTEM PRIOR TO BUILDING HOUSE DUE TO ROCK

Number of Conditional Attachments: 1

Issued By: NATHAN HINSON
Date Issued: 03/24/2020
Expiration: 03/24/2025


Environmental Health Specialist:

- LOCAL TELEPHONE NUMBER -

Asheboro: (336) 318-6262 - Greensboro/Liberty: (336) 218-4242 - Archdale/Trinity: (336) 819-3262
<http://www.co.randolph.nc.us>

APPLICATION FOR WASTEWATER CONSTRUCTION AUTHORIZATION PERMIT

If the information in the application is falsified, changed or the site is altered, then the Construction Authorization shall become INVALID. The Construction Authorization Permit shall be valid for a period equal to the validity of the Improvement Permit, not to exceed 60 months.

Owner: WALKER, MICHAEL THEODORE
Address: PO BOX 424
City, St. Zip: SEAGROVE, NC 27341

Date: 3/24/2020
Permit #: 2019-00003030
Parcel #: 7675880650

LOCATION INFORMATION:

Address:

Township: 17 - RICHLAND
Acreage: 10.1400

Subdivision Name: NEEDHAMS MOUNTAIN MP2
Lot Number: TR 6

FACILITY INFORMATION:

Proposed Use: SINGLE FAMILY RESIDENCE
If Other, Specify:

Number Of Bedrooms:	3	Basement:	YES
Basement Fixtures:	YES	Number Of People/Employees:	0
Number Of Shifts:	0	Number Of Seats:	0
Number Of Toilets/Urinals:	0	Number Of Showers/Tubs:	0
Water Supply:	NEW WELL	Site Contain Wetlands:	NO
Ex. Wells Present:	NO	Ex. Easements Present:	YES
Domestic Wastewater Only:	YES		

Comment: EASEMENT FOR NEEDHAMS TRL AT FRONT PROPERTY LINE

APPLICATION INFORMATION:

Requested Wastewater System Type:

PLEASE COMPLETE IF DIFFERENT FROM ABOVE.

Applicant:

Applicant Address:

Phone:

Applicant City, ST Zip:

I have read this application and certify that the information provided herein is true, complete and correct. Authorized County and State officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature of property owner/legal representative*

Date

**You must provide documentation to support claim as owner's legal representative.*

- LOCAL TELEPHONE NUMBER -

Asheboro: (336) 318-6262 - Greensboro/Liberty: (336) 218-4242 - Archdale/Trinity: (336) 819-3262
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