# COUNTY OF RANDOLPH

Health Department 204 E Academy St - Asheboro NC 27204-0771

### 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

Owner: WALKER, MICHAEL THEODORE

Address: PO BOX 424

City, St. Zip: SEAGROVE, NC 27341

Permit #: 2019-00003030 Parcel #: 7675880650

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

DOMESTIC Wastewater Type: 360

Design Flow:

3

Number Of Bedrooms: Max Number Of People:

6 0

Number Of Shifts:

YES Basement:

YES **Basement Fixtures:** 

Dispersal Type:

GRAVITY **GRAVEL TRENCH** 

Wastewater System Type: 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:

Issued By:

NATHAN HINSON

Date Issued: Expiration:

03/24/2020 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

#### COUNTY OF RANDOLPH

A.

Health Department 204 E Academy St - Asheboro NC 27204-0771

Permit Type, SEPTIC NEW
Applicant, WALKER, MICHAEL THEODORE
Address, PO BOX 424
City, St. Zip, SEAGROVE, NC 27341

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

Contact: MICHAEL WALKER Contact Phone: 336 465-1460

Owner: WALKER, MICHAEL THEODORE Address: PO BOX 424

City, St. Zip: SEAGROVE, NC 27341

The above site has been evaluated and found to be approvable according to the Laws and Rules For Sewage Treatment and Disposal Systems. Enclosed you will find a copy of an Improvements Permit for the above referenced land. Improvements Permits are approvals for wastewater system sites only and are subject to revocation if the site is altered, site plans change, or if the intended use change. No building Permits may be obtained with an Improvements Permit; therefore, no grading or building should commence until such time that the Authorization for Wastewater System Construction has been issued. The owner or owner's legal representative must complete and return the Application for Wastewater System Construction. Authorization Permit and additional associated fees. In addition to the application the following steps are required prior to obtaining an Authorization for Wastewater System Construction Permit:

Legal Easement pursuant to T15A NCAC 18A .1938 (j) and recorded at the Register of Deeds			
Zoning Permit			
Approved Site Plan (The I.P. site plan may be used if it is signed by the owner or applicant stating that represents his or her intentions for construction)			
Exact Home Footprint Staked (A building envelope can be staked if the exact house foot-print has not been established)			
A completed system choice letter identifying which innovative system type that you prefer			
Additional Fee(s) \$50			
A signed copy of the "Rock Letter" returned to our office			
Site Preparation: Site Cleared, Property Lines Marked, Grading Plan Established Additional Structures Staked (pools, garage, sheds, etc) Other			

Once the above steps have been completed and returned to the Environmental Health office, please allow 3-5 business days for the Authorization to Construct to be issued. If you have any questions regarding the requirements please call 336 318-6266 to reach the Environmental Health Specialist who issued the letter.

Sincerely,

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.

Date: 3/24/2020

Address: PO BOX 424 City, St. Zip. SEAGROVE, N	C 27341	Permit #: 2019-00003030 Parcel #: 7675880650		
LOCATION INFORMATION	ideanhaine an maidh air ann an t-airm ann an t-airm ann an t-airm an t-airm ann an t-airm an t-airm an t-airm I			
Address Township: 17 - RICHLAND Acreage: 10.1400		Subdivision Name: NEEDHAMS MOUNTAIN MP2 Lot Number: TR 6		
FACILITY INFORMATION:				
roposed Use: SINGLE FAMILY R Other, Specify:		Y RESIDENCE	contrate restriction and definitions are in the same encounter of conscious and	
Number Of Bedrooms: Basement Fixtures: Number Of Shifts: Number Of Toilets/Urinals: Water Supply: Ex. Wells Present: Domestic Wastewater Only: Comment: EASEMENT FOR		Basement: Number Of People/Employees: Number Of Seats; Number Of Showers/Tubs; Site Contain Wetlands; Ex. Easements Present; FRONT PROPERTY LINE	YES 0 0 NO YES	
APPLICATION INFORMATIO	N;			
Requested Wastewater System	m Type:			
PLEASE COMPLETE IF DIFF	FERENT FROM ABO	VE.		
Applicant:		Applicant Address:		
Phone:		Applicant City, ST Zip:		
Authorized County and State of compliance with applicable law	officials are granted rig are and rules. I unders I property lines and co	mation provided herein is true, comple ght of entry to conduct necessary insp tand that I am solely responsible for t orners and making the site accessible	bections to determine he proper	
ignature of property owner/leg	gal representative*	Date		

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

- LOCAL TELEPHONE NUMBER -

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CD - SEPTIC IMPROVEMENT PERMIT

Owner: WALKER, MICHAEL THEODORE