NAME:	Davidson Ho	omes, LLC	APPLICATION #:	
	:	*This application to be		LERS KNOLL LOT 28
Cou	nty Health D	epartment Applicat	tion for Improvement Permit and/or Authorizat	tion to Construct
			FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN T	
			SHALL BECOME INVALID. The permit is valid for either 60 more	nths or without expiration
	910-893-7525 (site plan = 60 months; Complete plat = without expiration) CONFIRMATION #	
		e <u>alth New Septic Syst</u>		
• = = = = = = = = = = = = = = = = = = =	All property i	ons must be made	visible. Place "pink property flags" on each corner in	on of lot. All property
			mately every 50 feet between corners.	311 01 10tt 7tt proporty
•	Place "orange	house corner flags" at	each corner of the proposed structure. Also flag drive Place flags per site plan developed at/for Central Permi	
			card in location that is easily viewed from road to assist	
			mental Health requires that you clean out the underg i	
			ors should be able to walk freely around site. Do not gr	
•			business days after confirmation. \$25.00 return trip	
	for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.			
	 After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code 800 (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note 			
	confirmation number given at end of recording for proof of request.			
•			s. Once approved, proceed to Central Permitting for pe	ermits.
<u>Env</u>			aspections Code 800	
•			flags and card on property.	1 170 171 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	possible) and the	hen <mark>put lid back in pl</mark> a	soil over outlet end of tank as diagram indicates, an ace. (Unless inspection is for a septic tank in a mobile	
		LIDS OFF OF SEPTIC		1
	if multiple perr	nits, then use code 8	voice permitting system at 910-893-7525 option 1 & se 800 for Environmental Health inspection. <u>Please note</u>	
_	•	recording for proof of		acinina normita
SEPTIC		or IVH to near results.	. Once approved, proceed to Central Permitting for rem	iaining permits.
		on to construct please indi	icate desired system type(s): can be ranked in order of preference	ce, must choose one.
{}} A	ccepted	{}} Innovative	{ ✓ } Conventional {}} Any LSS PLAN FRO	M ALEX ADAMS
{}} A	lternative	{} Other		
			nent upon submittal of this application if any of the following ATTACH SUPPORTING DOCUMENTATION:	g apply to the property in
{}}YE	S { <u>✓</u> } NO	Does the site contain ar	ny Jurisdictional Wetlands?	
{}}YE	S { <u>✓</u> } NO	Do you plan to have an	n <u>irrigation system</u> now or in the future?	
{}}YE	S { <u>✓</u> } NO	Does or will the buildir	ng contain any drains? Please explain	
{}}YES	S { <u>✓</u> } NO	Are there any existing v	wells, springs, waterlines or Wastewater Systems on this pro	perty?

{__}}YES {**_∨**} NO Is any wastewater going to be generated on the site other than domestic sewage? {__}}YES {**⊻**} NO Is the site subject to approval by any other Public Agency? {**⊻**} NO Are there any Easements or Right of Ways on this property? {__}}YES {__}}YES {**⊻**} NO Does the site contain any existing water, cable, phone or underground electric lines? If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

05/03/2024

DATE