File/Permit Number: 5902407-0046 IMPROVEMENT PERMIT County: PIN/Lot Identifier Subdivision (if applicable) System Relocation New \square Expansion Change of Use Facility Type: Number of Occupants: _8 Other: Design Wastewater Strength: Domestic High Strength Industrial Process Wastewater Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): Proposed LTAR (Repair): Proposed Wastewater System Type*: 75% 700 UCTION (Initial) Pump Required: Yes No May be required Proposed Wastewater System Type*: 5000 1760 VCTCW (Repair) Pump Required: Yes No May be required *Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII Effluent Standard: DSE HSE NSF/ANSI 40 TS-I TS-II RCW Saprolite System (Initial): Yes No Saprolite System (Repair): Yes No Fill System (Initial): Yes No If yes, specify: New Existing (when adding more than 6 inches of fill to system area provide a fill plan) Fill System (Repair): Yes No If yes, specify: New Existing (when adding more than 6 inches of fill to system area provide a fill plan) Usable Depth to LC (Initial)x: _____ Usable Depth to LC (Repair)x: 34-38" Max. Trench Depth (Initial)*: ZD Max. Trench Depth (Repair)*: _______ * Measured on the downhill side of the trench Artificial Drainage Required: Yes No If yes, please specify details: Type of Water Supply: Private well Public well Shared well Municipal Supply Spring Other:_ Drainfield location meets requirements of Rule .0508: Yes 🔲 No 🔲 Drainfield location meets requirements of Rule .0601: Yes 🔲 No 🔲 Permit valid for: Five years [site plan submitted pursuant to GS 130A-334(13a)] No expiration [plat submitted pursuant to GS 130A-334(7a)] Permit conditions: wpenty leves to be marked Every 50 Authorized Agent's Printed Name: -Authorized Agent's Signature: ___ *See attached site sketch*

The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. <u>This permit is subject to revocation if the site plan, plat, or the intended use changes</u>. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject

to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

NCDHHS/DPH/EHS/OSWP

File/Permit Number: 570 240 1-00 CONSTRUCTION AUTHORIZATION
1/00 10 1
County:PIN/Lot Identifier:
Owner: Applicant: Applicant: Terry Days
Property Location: 501505 PENEY GROVE PS to DA ONIENTALST
Facility Type:
Number of bedrooms: 4 Number of Occupants: 8 Other:
New Expansion Repair System Relocation Change of Use
Basement? Yes No Basement Fixtures? Yes No
Crawl Space? Yes No Slab Foundation? Yes No
Type of Wastewater System* 25% 75WCTUN (Initial) 50% 250 (PPB5) (Repair)
*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII
Design Daily Flow: 480 GPD Wastewater Strength: Domestic High Strength Industrial Process Wastewater
Rule .0403(e) Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies (S.L. 2013-413 and 2014-120)? Yes (if yes, please provide engineering documentation)
Effluent Standard: DSE HSE NSF/ANSI 40 TS-I TS-II RCW
Type of Water Supply: Private well Public well Shared well Municipal Supply Spring Other:
Installation Requirements/Conditions
Septic Tank Size: 1000 gallons Total Trench/Bed Length: 350 feet Trench/Bed Spacing: 9 feet on center
Trench/Bed Width: 36 inches LTAR:35 gpd/ft² Usable Depth to LC (Initial)x:40-34 xLimiting condition
Soil Cover: inches Slope Corrected Maximum Trench/Bed Depth [‡] : inches * Measured on the downhill side of the trench
Pump Tank Size (if applicable): gallons Requires more than one pump?
Pump Requirements: ft. TDH vs GPM Grease Trap Size (if applicable): gallons
Distribution Method: Serial D-Box or Parallel Pressure Manifold(s) LPP Other:
Artificial Drainage Required: Yes No If yes, please specify details:
Legal Agreements (If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)
Multi-party Agreement Required [Rule .0204(g)]: Yes No
Easement, Right-of-Way, or Encroachment Agreement Bequired [Rule .0204(d)]: Yes No
Declaration of Restrictive Covenants: Yes No Pre-Construction Conference Required: Yes No
Management Entity Required: Yes No Minimum O&M Requirements:
Conditions: Property LINES to Meet 10' Setback from Septic System
Property loves NEGO MANKER EVERY SO By Surveyor
The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. <i>This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.</i> The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.
Authorized Agent's Printed Name: JAmes & Manhant Expiration Date: 7-30-5
Authorized Agent's Signature: Date: 7-30-24
See attached site sketch

SITE SKETCH

PIN		Permit Number	ř <u> </u>
Applicant'			Subdivision/Section/Lot Number
Authorize	d State Agent		Date
System co installatio	omponents represent approximat on to ensure that the proper grade	e contours only. The co	ontractor must flag the system prior to beginning the
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SITE SKETCH

PIN Permit Num	nber 560 2407-0044	
JENN DAUTS	TOBACCO PLP	
Applicant's Name & Marchan That Zhang	Subdivision/Section/Lot Number	
Authorized State Agent	Date	

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

Scale = _____

