

WARREN COUNTY ENVIRONMENTAL HEALTH

544 WEST RIDGEWAY STREET
WARRENTON, NORTH CAROLINA 27589
PHONE: 252-257-1538
FAX: 252-257-4460

Permit Number SP-23-203

WARREN COUNTY HEALTH DEPARTMENT
IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION

IMPROVEMENT PERMIT

A building permit cannot be issued with only an Improvement Permit

ISSUED TO (owner): Liberty Land Group LLC

PROPERTY LOCATION: Across from 245 Willis Pinnel Rd

New [checked] Repair [] Expansion []
Type of Structure: Residence
Proposed Wastewater System Type: 25% rec
Projected Daily Flow: 480 GPD
Number of bedrooms: 4 Number of Occupants: 8
Basement [] Yes [checked] No
Pump Required: [] Yes [checked] No [] May be required based upon final location and elevations of facilities
Type of Water Supply: []

Site Improvements required prior to Construction Authorization Issuance:
Clear property. Remark Property Lines +
house site. Call HD when done.

Permit valid for: [checked] Five years
[] No expiration

Permit conditions:

Authorized State Agent: [Signature]

Date: 10/11/23

See Attached site sketch

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. 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 the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

CONSTRUCTION AUTHORIZATION
(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: []

PROPERTY LOCATION: []

Facility Type: [] New [] Expansion [] Repair
Basement? [] Yes [] No Basement Fixtures? [] Yes [] No
Type of Wastewater System** (Initial) Wastewater Flow: [] GPD
(See note below, if applicable []) (Repair)

Installation Requirements/Conditions

Septic Tank Size: [] gallons Total Trench Length: [] feet Trench Spacing: [] Feet on Center
Pump Tank Size: [] gallons Trenches shall be installed on contour at a Soil Cover: [] inches
Pump Requirements: [] ft. TDH vs. [] GPM Maximum Trench Depth of: [] inches (Maximum soil cover shall not exceed 36" above the trench bottom)
Aggregate Depth: [] inches above pipe [] inches below pipe [] inches total

Conditions: []

**If applicable:

I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: [] Date: []

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

Authorized State Agent: [] Date of Issuance: []

See Attached site sketch

Construction Authorization Expiration Date: []