WARREN COUNTY ENVIRONMENTAL HEALTH

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

Permit Number <u>SP-23</u>-224

WARREN COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION

IMPROVEMENT PERMIT A building permit cannot be issued with only an Improvement Permit New 🗹 Site Improvements required prior to Construction Authorization Issuance Type of Structure: Proposed Wastewater System Projected Daily Flow: GPD GPD Number of bedrooms: Wumber of Occupants: Basement D Yes Z No Pump Required: ☐ Yes May be required based upon final location and elevations of facilities Type of Water Supply: 1 Permit valid for: □ No expiration Permit conditions: 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: _ □ New Facility Type: __ ☐ Expansion ☐ Repair ☐ Yes Basement? ΠNo Basement Fixtures? □ Yes □ No Type of Wastewater System** _ (Initial) Wastewater Flow: _____GPD (See note below, if applicable \square) (Repair) **Installation Requirements/Conditions** Total Trench Length: Septic Tank Size: gallons Trench Spacing: ____ Feet on Center Trenches shall be installed on contour at a Pump Tank Size: _____ gallons Soil Cover: ____ inches Maximum Trench Depth of: _____ inches (Maximum soil cover shall not exceed Pump Requirements: _____ ft. TDH vs. ____ GPM (Trench bottoms shall be level to +/- 1/4" 36" above the trench bottom) in all directions) 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: __ 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

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Construction Authorization Expiration Date: