

# IMPROVEMENT PERMIT



Robeson County Health Department  
 460 Country Club Road  
 Lumberton, NC 28360  
 Phone: 910-671-3200 FAX: 910-671-3484

**For Office Use Only**

CDP File Number: 413166 - 1

County ID Number: 1505-02-00303N

Evaluated For: NEW

PERMIT VALID UNTIL: 05/23/2029

\*NOTE TO INSPECTIONS DIVISION: Building Permits cannot be issued with only an Improvement Permit.

Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Zip: NC  
 Phone #: \_\_\_\_\_

Property Owner: Jordon Hughey  
 Address: 12744 County Rd  
 City: Anna  
 State/Zip: TX 75409  
 Phone #: (501) 912-7935

Address: Richland Dr **Property Location & Site Information**  
Red Springs, NC 28377 Subdivision: \_\_\_\_\_ Block/Phase: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Road #: \_\_\_\_\_ **Directions**  
 Township: \_\_\_\_\_ Hwy 710 out of Red Springs, TL onto NC 72, TL onto Buie Philadelphus, TL onto  
 Structure: SINGLE FAMILY Richland Dr, site in back after hse # 118  
 # of Bedrooms: 4 # of People: 8  
 Water Supply: NEW WELL

<u>Initial System</u>	<u>System Specifications</u>
Usable Soil Depth: <u>48</u>	Minimum Trench Depth: _____ <u>18</u> Inches
Saprolite System?: <u>No</u>	Maximum Trench Depth: _____ <u>24</u> Inches
Design Flow: <u>360</u>	Fill Depth: _____ Inches
Soil Group: <u>II</u>	Septic Tank: _____ <u>1000</u> Gallons
Soil Application Rate: <u>0.7</u>	Pump Required: <u>May be required</u>
System Classification/Description: _____	Pump Tank: _____ Gallons
	Proposed System: <u>CONVENTIONAL</u>

TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Repair System Required: Yes

<u>Repair System</u>	<u>System Specifications</u>
Usable Soil Depth: <u>48</u>	Minimum Trench Depth: _____ <u>18</u> Inches
Soil Application Rate: <u>0.7</u>	Maximum Trench Depth: _____ <u>24</u> Inches
System Classification/Description: _____	Fill Depth: _____ Inches
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)	Pump Required: <u>May be required</u>
Proposed System: <u>CONVENTIONAL</u>	Pump Tank: _____ Gallons

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

**Site Modifications**

**Permit Conditions**

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.

The Department and Local Health Department may impose conditions on the issuance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation if the site plan, plat, or intended use changes (NCGS 130A-335 (f)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting, and repair (per rule .0301(a)).

Authorized State Agent: 2866 - Jacobs, Camry Date of Issue: 05/23/2024

Authorized State Agent Signature: \_\_\_\_\_

Owner/Applicant Signature: \_\_\_\_\_