Permit/File #:	



**ROY COOPER • Governor** 

**KODY H. KINSLEY •** Secretary

MARK BENTON • Chief Deputy Secretary for Health

**SUSAN KANSAGRA** • Assistant Secretary for Public Health

Division of Public Health

Submittal Includes:	(a2) Improvement Permit	(a2) Construction Authoriz	ation Fee \$	
	IMPROVEN	IENT PERMIT FOR G.S. 130	A-335(a2)	
County:				
PIN/Lot Identifier:				
Issued To:				
Property Location:				
Subdivision (if applicat	ole)	Lot #:	Block:	Section:
LSS Report Provided: \	Yes No No			
If yes, name and licens	e number of LSS:			
New 🗌	Expansion	System Relocation	Change of Use	
Facility Type:				
Number of bedrooms:	Number of Occupants:	Other:		
Design Wastewater St	rength: Domestic	High Strength	Industrial Process Wastewater	
Proposed Design Daily	Flow: GPD	Proposed LTAR (Initial):	Proposed LTAR (Repair): _	
Proposed Wastewater	System Type*:	(Initial) Pu	ımp Required: Yes No	May be required
Proposed Wastewater	System Type*:	(Repair) Pu	mp Required: Yes No	May be required
*Please include system	n classification for proposed wastev	vater system types in accordance w	ith Rule .1301 Table XXXII	
Effluent Standard:	DSE HSE NSF/ANSI 40	TS-I TS-II RCW		
Saprolite System (Initia	al): 🗌 Yes 🔲 No Saprolit	e System (Repair): 🗌 Yes 🔲 No		
Fill System (Initial):	Yes 🔲 No If yes, specify: 🗌 Ne	w Existing (when adding mor	e than 6 inches of fill to system	area provide a fill plan)
Fill System (Repair):	Yes No If yes, specify: No	ew 🔲 Existing (when adding mo	re than 6 inches of fill to system	area provide a fill plan)
Usable Depth to LC (In	itial) <sup>x</sup> :	Usable Depth to LC (Repair)x:	× Limiting Cor	ndition
Max. Trench Depth (In	itial)‡: Max. Tr	ench Depth (Repair)‡:	<sup>‡</sup> Measured on the down	nhill side of the trench
Artificial Drainage Req	uired: Yes No If yes, pleas	se specify details:		
Type of Water Supply:	Private well Public well	Shared well Municipal S	upply Spring Other	r:
Drainfield location me	ets requirements of Rule .0508: Ye	s No Drainfield location	meets requirements of Rule .0	601: Yes 🗌 No 🗌
Permit valid for: Five	ve years [site plan submitted pursu	ant to GS 130A-334(13a)] 🔲 No e	xpiration [plat submitted pursu	ant to GS 130A-334(7a)]
Permit conditions:				
				·
Licensed Soil Scientist	Print Name:			

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

\*See attached site sketch\*

Licensed Soil Scientist Signature: \_\_\_

\_\_\_\_\_Date: \_\_\_\_\_



Permit/File #:	
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## This Section for Local Health Department Use Only

lnitial submittal received:		by	
	Date	Initia	ls
G.S. 130A-335(a3) states the following:			
When an applicant for an Improvement Permit submits to a local health department, the common form developed by the Department, and a soil evaluat within five business days of receiving the application, conduct a completeness repermit includes all of the required components. If the local health department deshall notify the applicant of the components needed to complete the Improvemed department to cure the deficiencies in the Improvement Permit. The local health is complete within five business days after the local health department receives act within any period set out in this subsection, the applicant may treat the failucommon form for use as the Improvement Permit.	tion pursuant to seview of the submetermines that the ent Permit. The applement shatthe additional inj	ubsection (a2) of th nittal. A determinati e Improvement Per oplicant may submin Il make a final deter ormation from the	nis section, the local health department shall, ion of completeness means that the Improvement mit is incomplete, the local health department t additional information to the local health rmination as to whether the Improvement Permit applicant. If the local health department fails to
The review for completeness of this Improvement Permit was constitution. Permit is determined to be:	onducted in a	ccordance with	G.S. 130A-335(a3). This Improvement
☐ Incomplete (If box is checked, information in this section is	required.)		
The following items are missing:	3		
Conics of this were cont to the LSS and the Applicant on	MZ Z		
Copies of this were sent to the LSS and the Applicant on	Date		
State Authorized Agent:			Date:
☐ Complete			720
State Authorized Agent:	W		Date:
This Improvement Permit is issued pursuant to G.S. 130A-335 (attached here. The issuance of this permit in no way guarante for checking with appropriate governing bodies in meeting the plat, or the intended use changes. The Improvement Permit slipermit is subject to compliance with the provisions of 15A NCA. The Department, the Department's authorized agents, and the any liabilities, duties, and responsibilities imposed by statute devaluations, submittals, or actions from a licensed soil scientis	ees the issuan eir requirement hall not be aff AC 18E and to be local health or in common	ce of other periods. This permit fected by a char the conditions departments shaw from any c	mits. The permit holder is responsible is subject to revocation if the site plan, nge in ownership of the site. This of this permit.  nall be discharged and released from claim arising out of or attributed to
Improvement Permit Expiration Date:			

\*See attached site sketch\*



Permit/File #:
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# **Re-submittal of Improvement Permit**

	LHD USE ONLY: This IP resubmittal received:	Date	by	
Γhe following i	items are being resubmitted pursuant to G.S. 130A-335(a	a3) for issuance of	of the Improvement Permit	I :
	SUE SIA	TF	<i>D</i>	
s accurate and	Scientist (Print Name)  complete to the best of my knowledge and that the profile laws, regulations, rules, and ordinances.		equired to be included wit	
Signatuı	re of Licensed Soil Scientist		Date	
LHD Follow-ı	The section below is for Local Health Department use as		ems noted as missing above.	
	completeness of this Improvement Permit re-submittal Permit is determined to be:	was conducted i	n accordance with G.S. 13	0A-335(a3). This
•	e (If box is checked, information in this section is require	ed.)		
The following it	tems are missing:	VIDE	9	
Copies of this w	vere sent to the LSS and the Applicant on			
State Authorize	ed Agent:		Date:	
☐ Complete				
State Authorize	ed Agent:		Date:	



Permit/File #:	
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#### CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County:			Pre-Construction Conference Required: Yes N	o 🗌
PIN/Lot Identifie	er:			
Issued To:				
Property Locatio	on:			
AOWE/PE Plans/	/Evaluations Provide	d: Yes No	If yes, name and license number of AOWE/PE:	
Facility Type:				
Number of bedr	ooms: Num	nber of Occupants	: Other:	
New	Expansion	Repair	System Relocation Change of Use	
Basement?	Yes	☐ No	Basement Fixtures?	
Crawl Space?	Yes	☐ No	Slab Foundation? Yes No	
Type of Wastew	rater System*		(Initial)	(Repair)
*Please include :	system classification	for proposed was	tewater system types in accordance with Rule .1301 Table XXXII	
Design Daily Flow	w:	_GPD W	astewater Strength: Domestic High Strength I	ndustrial Process WW
	.4-120 Section 53, Er rovide engineering de		Utilizing Low-flow Fixtures and Low-flow Technologies?   Yes	☐ No
Effluent Standar	rd: DSE H	SE NSF/ANS	I 40 🔲 TS-I 🔲 TS-II 🔲 RCW	
Type of Water S	upply: Private we	ell Public we	ell 🔲 Shared well 🔲 Municipal Supply 🔲 Spring 🔲 Otl	her:
Installation Req	uirements/Conditio	<u>ns</u>		
Septic Tank Size:	: gallon	s Total Trench/E	Bed Length: feet Trench/Bed Spacing: feet on ce	nter
Trench/Bed Wid	lth: inches	LTAR:	gpd/ft <sup>2</sup> Usable Depth to LC (Initial) <sup>x</sup> :	<sup>x</sup> Limiting condition
Soil Cover:	_ inches Slope (	Corrected Maximu	m Trench/Bed Depth <sup>‡</sup> : inches * Measured on the down	nhill side of the trench
Pump Tank Size	(if applicable):	gallons	Requires more than 1 pump?  Yes  No	
Pump Requirem	ents: ft. TDH	l vs GPM	Grease Trap Size (if applicable): gallons	
Distribution Met	thod: Serial	D-Box or Paralle	el 🗌 Pressure Manifold(s) 🔲 LPP 🔲 Other:	
Artificial Drainag	ge Required: Yes 🗌	No 🗌 If yes, p	olease specify details:	
Legal Agreemen	nts (If the answer is "	'Yes" to any type o	f legal agreements, please attach a copy of the agreement.)	
Multi-party Agre	eement Required [.0	204(g)]:	☐ No Declaration of Restrictive Covenants:	Yes No
Easement, Right	-of-Way, or Encroac	hment Agreement	t Required [.0301(b)]: Yes No	
Management En	ntity Required: 🔲 Y	es 🗌 No Minin	num O&M Requirements:	
Permit conditi	ions:			
with the attache	ed site sketch. <i>This</i>	Construction Auth	by reference into this permit and shall be met. Systems shall be interested in the interested interested in the interested interested in the interested interested into interested interested into interested in	<u>ided use changes.</u> The
with the provisi	ons of 15A NCAC 18	E, or 15A NCAC 18	3A .1900, as applicable, and to the conditions of this permit.	
AOWE/PE Print I	Name:			
AOWE/PE Signat	ture:		Date:	

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

\*See attached site sketch\*



Permit/File #:

## This Section for Local Health Department Use Only

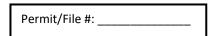
	Initial submittal received:	k	DY
		Date	Initials
G.S. 130A-335(a5) states the follow	ving:		
Improvement Permit and Construction Authoperatment, and any necessary signed and sengineer or a person certified pursuant to Audiengineer or a person certified pursuant to Audiengartment shall, within five business days of the Construction Authorization or Improvement of the Construction Authorization and the Construction Authorization and the Local health department of the Information to the local health department of the Construction is complete within five busines department fails to act within any period second properties of the project for the building permit for the project of the Local health department ficensed engineer submitting the evaluation and Construction or Improvement Permit and Construction or	orization application together, the per sealed plans or evaluations conducted ricle 5 of Chapter 90A of the General of receiving the application, conduct a sent Permit and Construction Authorization or Improvement Permit and Construction Authorization or Improvement Permit and Construction Authorization of splete the Construction Authorization of spartment to cure the deficiencies in the shall make a final determination as to see days after the local health department out in this subsection, the applicant if upon the decision of completeness of the or if the local health department fair pursuant to this subsection may requirense and to the construction Authorization for cause. Ususpend or revoke the Construction Authorization Authoriz	rmit fee charged by the lot by a person licensed pur Statutes as an Authorize a completeness review of ration includes all of the retruction Authorization is sor Improvement Permit a the Construction Authorization whether the Construction Authorization are the Construction Authorisis and the Construction Authorisis to act within five busing that the local health of Jpon written request of the tuthorization or Improvem	ation together, submits a Construction Authorization, or an ocal health department, the common form developed by the resuant to Chapter 89C of the General Statutes as a licensed of On-Site Wastewater Evaluator, the local health the submittal. A determination of completeness means that equired components. If the local health department incomplete, the local health department shall notify the not Construction Authorization. The applicant may submit ation or Improvement Permit and Construction in Authorization or Improvement Permit and Construction al information from the applicant. If the local health incit as a determination of completeness. The applicant may ization or Improvement Permit and Construction ess days. The Authorized On-Site Wastewater Evaluator or idepartment revoke or suspend the Construction he Authorized On-Site Wastewater Evaluator or licensed nent Permit and Construction Authorization pursuant to G.S.
The review for completeness of thi	s Construction Authorization v	was conducted in ac	cordance with G.S. 130A-335(a5). This
Construction Authorization is deter	mined to be:		
☐ Incomplete (If box is checked,	information in this section is re	equired.)	
The following items are missing:	187/18	1	
41 04			
Copies of this were sent to the AOV	NE/PE and the Applicant on	10	
		Date	
State Authorized Agent:			Date:
Complete			
State Authorized Agent:	M. T. Area		Date of Issuance:
attached here. This Construction A Construction Authorization shall n to compliance with the provisions The Department, the Department' any liabilities, duties, and responsiplans, evaluations, preconstruction the General Statutes as a licensed Authorized On-Site Wastewater Ev	tuthorization is subject to revo ot be affected by a change in of the Laws and Rules for Sev is authorized agents, and the ibilities imposed by statute or n conference findings, submit engineer or a person certified valuator in GS 130A-335(a2), ( tments shall be responsible and e, including the issuance of the	ocation if the site p ownership of the si wage Treatment and local health departr r in common law fro tals, or actions fron d pursuant to Article (a5), and (a7). The D and bear liability for e operations permit	sing the signed and sealed plans or evaluations lan, plat, or the intended use changes. The te. This Construction Authorization is subject d Disposal and to the conditions of this permit.  ments shall be discharged and released from om any claim arising out of or attributed to a person licensed pursuant to Chapter 89C of a 5 of Chapter 90A of the General Statutes as an department, the Department's authorized their actions and evaluations and other a pursuant to GS 130A-337.



Permit/File #:
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#### **Re-submittal of Construction Authorization**

	LHD USE ONLY: TI	his CA resubmittal received	: Date	by Initial	's	
The following items are being resubmitted pursuant to G.S. 130A-335(a5) for issuance of the Construction Authorization:						
l,		hereby attest	that the information	required to be inclu	ded with this re-submittal	
	nsite Wastewater Evaluator	•	20.1			
		of my knowledge and that t		action Authorization	meets all applicable	
rederal, State, a	and local laws, regulation	ons, rules, and ordinances.				
Signatu	re of Authorized On-Site Was	 stewater Evaluator	1/2	Date	<del>\</del> \d	
	The section below is	s for Local Health Department	t use after submittal o	f items noted as missin	g above.	
LHD Follow-	up Completeness F	Review of Construction	n Authorization			
	completeness of this C on Authorization is det	construction Authorization is ermined to be:	re-submittal was con	ducted in accordance	e with G.S. 130A-335(a5).	
☐ Incomplete	(If box is checked, info	rmation in this section is re	equired.)			
The following it	tems are missing:					
		122 M	(Azam)			
		1111 - GO	AM VID	49		
Copies of this w	vere sent to the AOWE	/PE and the Applicant on _				
			Date			
State Authorize	ed Agent:			_ Date:		
☐ Complete						
•	ed Agent:			_ Date:		





#### ADDENDUM TO G.S. 130A-335(a2) SUBMITTAL

County:	
PIN/Lot Identifier:	
Issued To:	
Additional Improvement Permit Conditions:	
STATE	
	O 1
A NAME OF STREET	
9/23/03 9	133/1/
	3 AB \ \ \
Additional Construction Authorization Conditions:	
1PRII 12 1776	
The same of the sa	E817
QUAM VI	