

PIN: 0131/032

CASWELL COUNTY ENVIRONMENTAL HEALTH
144 Main Street, P.O. Box 1406, Yanceyville, NC 27379 • (336) 694-9731, Fax (336) 694-5547

Permit Number: P-102908-02

IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION

Improvement Permit

A building permit cannot be issued with only an Improvement Permit.

ISSUED TO: Wendy Jacobs/ Michael Meredith

PROPERTY LOCATION: At dead end of Fuqua Rd (site #2 near entrance on right at old barn/cabin)

New Repair Expansion

Site Improvements Required Prior To Construction Authorization Issuance:
.1956 sapolite- trees must be cleared and area shaped (limit site disturbance and contact Health Dept. with any questions. Once completed a soil depth evaluation may be needed to determine exact trench depth before Construction Authorization is issued.

Type of Structure: SFD

Proposed Wastewater System Type: IIA

Projected Daily Flow: 360 GPD

No. of bedrooms: 3 No. of Occupants: _____

Basement: Yes No

Pump Required: Yes No

May be required based upon final location and elevations of facilities.

Type of Water Supply: private

Permit valid for: Five years

Water Shed: Yes No Critical

No expiration

Permit conditions: _____

Authorized State Agent: Donnie Powell

Date: 10/29/08

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 permit 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

Soil Cover: _____ inches

at a Maximum Trench Depth of: _____

Pump Requirements: _____ ft. TDH vs. _____ GPM

inches

Aggregate Depth: _____ inches below pipe

_____ inches above 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

Caswell County Environmental Health

Name: Wendy Jacobs/ Michael Meredith

PIN: 0131/032

Permit No.: P-102908-02

Improvement Permit

Well Permit

Construction Authorization

Operation Permit

Diagrams of the specific locations of the existing/proposed facility and the site for the wastewater system and/or well are documented below. THIS PERMIT IS SUBJECT TO REVOCATION IF THE SITE PLANS OR THE INTENDED USE CHANGE. ALTERATION OF THE SITE OR SOIL CONDITIONS MAY RESULT IN THE REVOCATION OF THIS PERMIT. THE SYSTEM INSTALLER IS RESPONSIBLE FOR INSTALLING THE SYSTEM ON CONTOUR.

SEE ATTACHED GIS MAP
FOR LOCATION OF SEPTIC AREA

Authorized Agent: Ronnie Powell

Date: 10/29/08

510

590

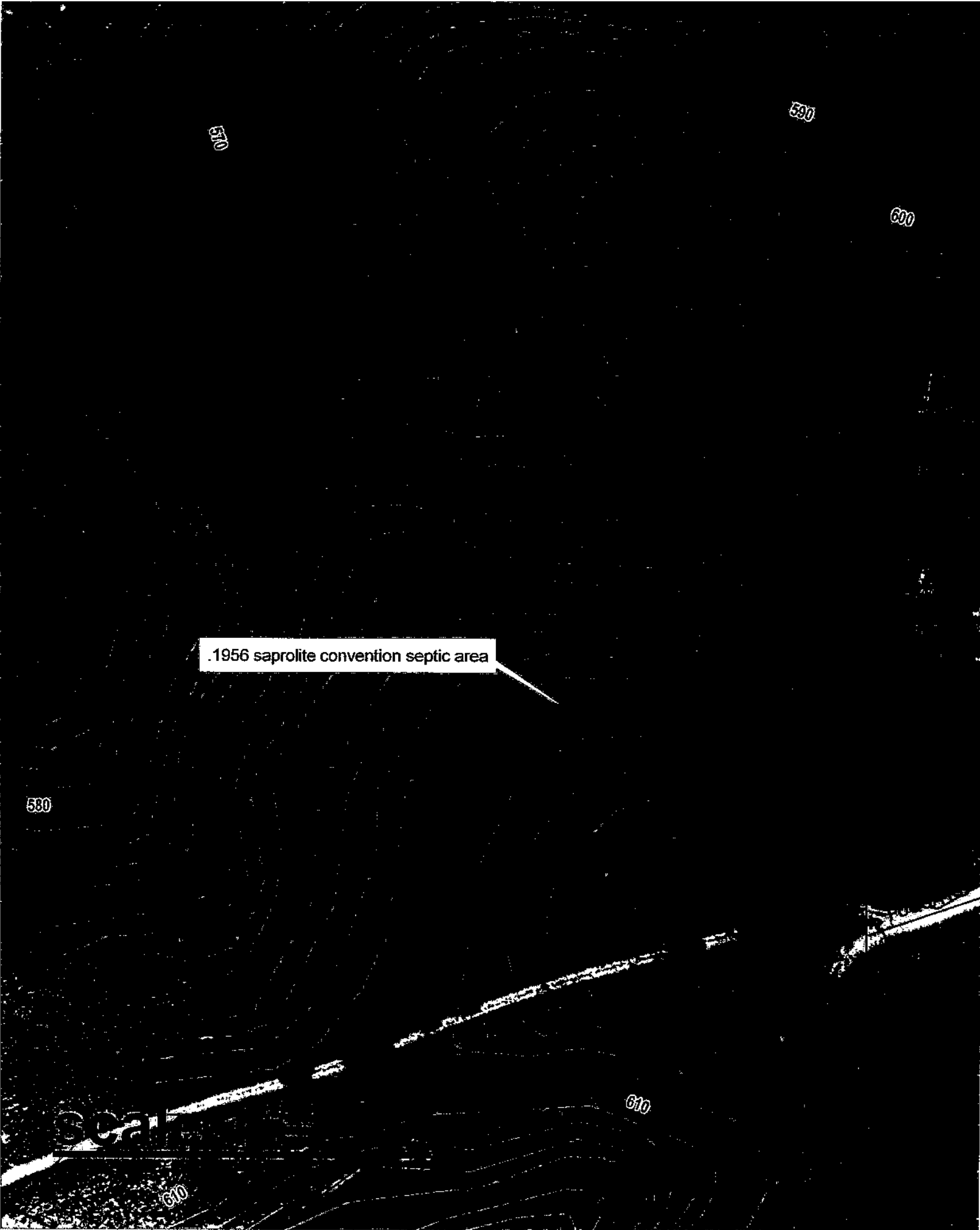
600

.1956 saprolite convention septic area

580

610

610



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Permit Number: P-102908-01

IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION

Improvement Permit

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ISSUED TO: Wendy Jacobs/ Michael Meredith

PROPERTY LOCATION: At dead end of Fuqua Rd (site #1 at back field)

New Repair Expansion

Site Improvements Required Prior To Construction Authorization Issuance:

Type of Structure: SFD

Proposed Wastewater System Type: IIA

Projected Daily Flow: 360 GPD

No. of bedrooms: 3 No. of Occupants: _____

Basement: Yes No

Pump Required: Yes No

May be required based upon final location and elevations of facilities.

Type of Water Supply: private

Permit valid for: Five years

Water Shed: Yes No Critical

No expiration

Permit conditions: _____

Authorized State Agent: Donnie Powell

Date: 10/29/08

See Attached Site Sketch

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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)

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Installation Requirements/Conditions

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Total Trench Length: _____ feet

Trench Spacing: _____ Feet on Center

Pump Tank Size: _____ gallons

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Soil Cover: _____ inches

Pump Requirements: _____ ft. TDH vs. _____ GPM

at a Maximum Trench Depth of: _____ inches

Aggregate Depth: _____ inches below pipe

_____ inches above pipe

_____ inches total

Conditions: _____

****If applicable:**

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Owner/Legal Representative Signature: _____

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Authorized State Agent: _____

Date of Issuance: _____

See Attached site sketch

Caswell County Environmental Health

Name: Wendy Jacobs/ Michael Meredith

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SEE ATTACHED GIS MAP
FOR LOCATION OF SEPTIC AREA

Authorized Agent: _____

Donnie Powell

Date: 10/29/08

540

550

580

570

630

620

600

conventional septic area

