

Soil Application Rate: 0.000

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:
25% REDUCTION

Minimum Soil Cover: _____ Inches
Maximum Soil Cover: _____ Inches

*Distribution Type: PUMP TO GRAVITY

Nitrification Field: _____ Sq. ft.
No. Drain Lines: 3
Total Trench Length: 300 ft.
Trench Spacing: _____ - 9
Trench Width: _____ - 3
Aggregate Depth: _____ inches

Septic Tank: 1,000 Gallons
Pump Required: ☐ Yes ☐ No ☒ May Be Required
Pump Tank: 1,000 Gallons
Grease Trap: _____ Gallons

☐ Inches O.C.
☒ Feet O.C.
☐ Inches
☒ Feet

Septic Tank Installer
Grade Level Required: ☐ I ☐ II ☐ III ☐ IV

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.

***Permit Conditions:**

The Authorization for Wastewater System Construction shall be valid for a period equal to the period of validity of the Improvement Permit and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization shall become invalid, and may be suspended or revoked (.1937(g)). 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

Authorized State Agent: Bendel, Joel Date of Issue: 07/13/2022

☐ Hand Drawing ☐ Import Drawing

****Site Plan/Drawing attached.****
Total Time : (HH:MM) _____

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File # 377708 PIN# _____
Property Address: 105 Shann Dr.
Applicant or Owner Name: Silvia Vallejo

Environmental Health Septic/Well Permit Diagram

Building permits cannot be issued nor should construction begin without Construction Authorization issuance.

☒ Septic Improvement Permit ☒ Septic Construction Authorization (CA) ☐ CA Reissue** ☐ As Built
☐ Well Construction Authorization ☐ Additional Diagram/Specifications Attached

Diagram Date**: 7-13-22 EHS: Joel Bendel

**Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.

Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. Septic Operations Permits will be issued after installation is approved, all permits conditions are met, and any outstanding fees are paid. Well Certificate of Completion will be issued after well head approval, all permit conditions are met, and any outstanding fees are paid.

Septic Tank 1000 Pump Tank 1000 Drainfield 3'x300' Type System Pump Max Trench Depth 36"
Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? NO ☒ YES ☐ pd _____
Well Contractor _____ Well Grout date: _____

