

WARREN COUNTY ENVIRONMENTAL HEALTH

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

Permit Number SP-24-41

WARREN COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION

IMPROVEMENT PERMIT

A building permit cannot be issued with only an Improvement Permit

ISSUED TO (owner): Clay Wilson

PROPERTY LOCATION: Sandy Plains Lot 11

New ☒ Repair ☐ Expansion ☐
Type of Structure: Residence
Proposed Wastewater System Type: 25% red
Projected Daily Flow: 480 GPD
Number of bedrooms: 4 Number of Occupants: 8
Basement ☐ Yes ☒ No
Pump Required: ☐ Yes ☒ No ☐ May be required based upon final location and elevations of facilities
Type of Water Supply: Public

Site Improvements required prior to Construction Authorization Issuance:

Permit valid for: ☒ Five years
☐ No expiration

Permit conditions:

Authorized State Agent: AWH Date: 02/22/24 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: Clay Wilson

PROPERTY LOCATION: Sandy Plains Lot 11

Facility Type: Residence ☒ New ☐ Expansion ☐ Repair
Basement? ☐ Yes ☒ No ☐ Basement Fixtures? ☐ Yes ☒ No
Type of Wastewater System** 25% red/gravy (Initial) Wastewater Flow: 480 GPD
(See note below, if applicable ☐) 50% red (Repair)

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons
Pump Tank Size: _____ gallons

Pump Requirements: _____ ft. TDH vs. _____ GPM

Total Trench Length: 400 feet
Trenches shall be installed on contour at a
Maximum Trench Depth of: 20 inches
(Trench bottoms shall be level to +/- 1/4" in all directions)
Aggregate Depth: _____ inches above pipe _____ inches below pipe _____ inches total

Trench Spacing: 9 Feet on Center
Soil Cover: 6 inches
(Maximum soil cover shall not exceed 36" above the trench bottom)

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: AWH Date of Issuance: 02/22/24 See Attached site sketch

Construction Authorization Expiration Date: 02/21/29

CONDITIONS OF THE PERMIT

Linear Feet of Conventional Trench _____ 25% Reduction Trench 400 50% Reduction Trench _____
Maximum Trench Depth 20 SETBACKS: House foundation – 5ft; Basement – 15 ft; Well 50 ft
Property Line 10 ft; Stream/Lake – 50ft; Gully/Ditch 15ft; Water Line 10ft; Other - _____