

**WILKES COUNTY HEALTH DEPARTMENT
IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION**

42882

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ISSUED TO: Damon Barron LOCATION: Deer Trails Lot 75 PARCEL I.D. 0701619

NEW ✓ EXPANSION REPAIR Permit Expiration Date: 1/5/24

Type of Wastewater System** Serial 2570 (Initial) Serial 2582 (Repair)

Installation Requirements/Conditions

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.

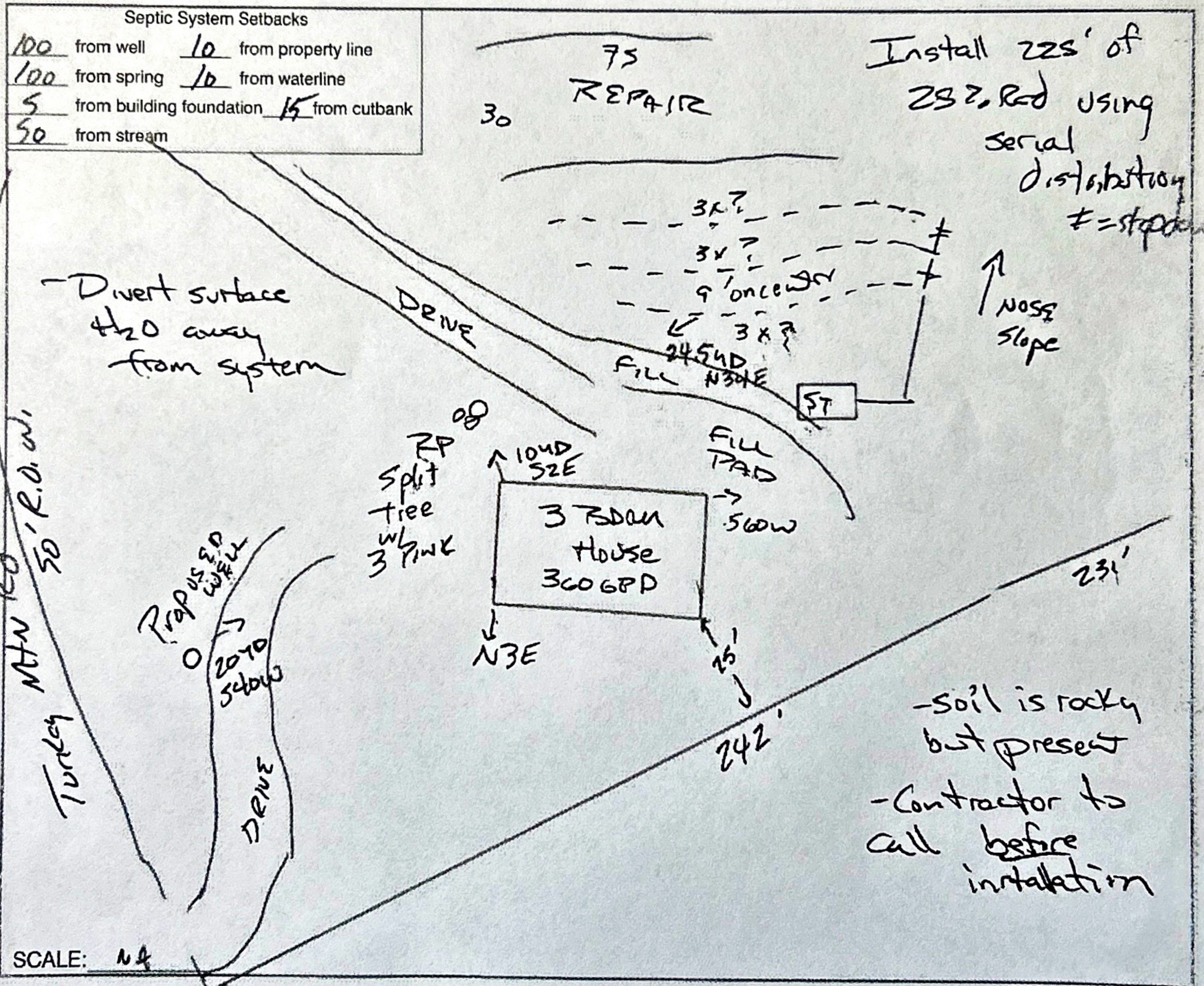
Septic Tank Size: 1000 gallons Total Trench Length: 225 feet Trench Width: 3 feet Trench Spacing: 9 Feet on Center

Pump Tank Size: gallons Maximum Trench Bottom Depth: 18 inches (on lower side) Soil Cover: 6 inches

Pump Requirements: ft. TDH vs. GPM

Aggregate Depth: inches below pipe inches above pipe inches total Issued By: [Signature] Date: 1/5/24

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to insure that proper grade is maintained. Permit valid for 5 years from issuance date unless otherwise noted.



WILKES COUNTY
COUNTY ENVIRONMENTAL HEALTH SECTION

Permit # 47882Expiration Date:

Types V and VI systems expire in 5 years.
Owner must contact Health Department
6 months prior to expiration for permit renewal.

OPERATION PERMIT

System Type: II/Quick
In accordance with table Va

Damon Barron
Applicant's Name

0701617
Subdivision / Section / Lot # / Property I.D. #

[Signature]
Authorized State Agent

4/7/21
Date

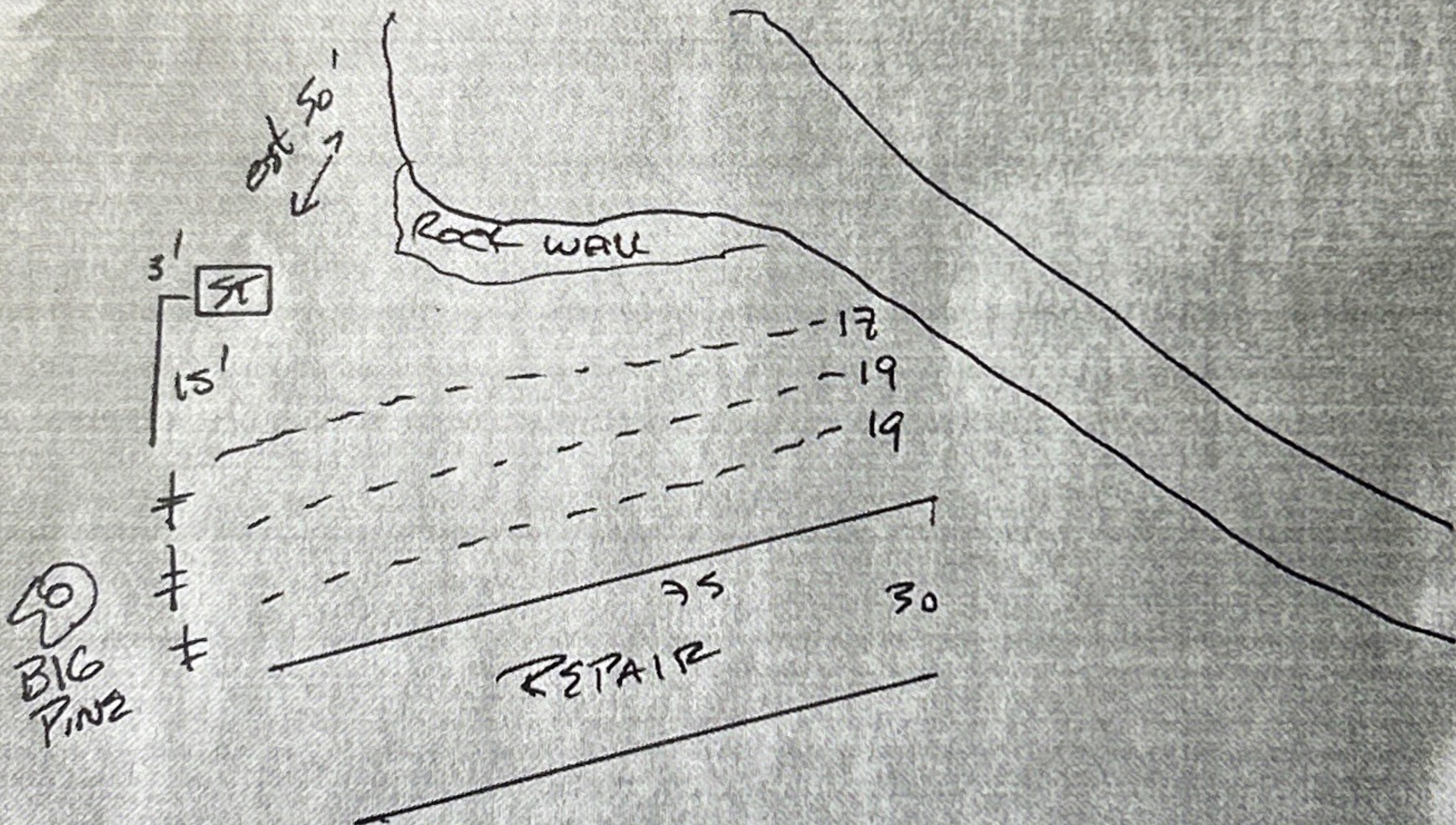
THIS SYSTEM HAS BEEN INSTALLED IN COMPLIANCE WITH APPLICABLE NORTH CAROLINA GENERAL STATUTES, RULES FOR SEWAGE TREATMENT AND DISPOSAL, AND ALL CONDITIONS OF THE IMPROVEMENT PERMIT AND CONSTRUCTION AUTHORIZATION. SYSTEM APPROVAL SHALL IN NO WAY BE TAKEN AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION PROPERLY FOR ANY GIVEN PERIOD OF TIME.

Permitted For:
3 Bedroom
6 Occupancy
360 Design Flow

Tank with 6" of
Surface B&C 1000
2/11/21 STB 854
- Polyloc filter

- No well at
final

Not at
site at
final



PERMIT CONDITIONS

I. Performance: System shall perform in accordance with Rule .1961

II. Monitoring: As required by Rule .1961

III. Maintenance:

By owner, recommend pumping every 5 years

Subsurface system operator required? ☐ Yes ☒ No

If yes, see attached sheets for additional operation, conditions, maintenance, and repair.

IV. Operation:

V. Other:

Matthew Coe 4578
System installed by:

WILKES COUNTY HEALTH DEPARTMENT
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ISSUED TO: Damon Barron LOCATION: Deer Trails ^{Lot} 75 PARCEL I.D. 0701617
NEW ☒ EXPANSION ☐ REPAIR ☐ TYPE OF WATER SUPPLY well Permit #21
FACILITY TYPE: 380cu Hs # BEDROOMS 3 # OCCUPANTS: 6 WASTEWATER FLOW 300 g.p.d.
BASEMENT? YES ☐ NO ☒ BASEMENT FIXTURES? YES ☐ NO ☒ GARBAGE DISPOSAL? YES ☐ NO ☒
Type of Wastewater System Serial 25% Recd (Initial) Serial 25% Recd (Repair)

I accept the system type and site plan/layout as specified on the Improvement Permit / Construction Authorization.

Owner/Legal Representative Signature: COVID-19 Date: _____

PERMIT CONDITIONS:

AUTHORIZED STATE AGENT: [Signature]

DATE: 1/5/21

PERMIT VALID FOR: ☒ FIVE YEARS ☐ NO EXPIRATION

The issuance of this Improvement Permit (IP) and Construction Authorization (CA) by the Health Department in no way guarantees issuance of other permits. The owner/applicant is responsible for contacting appropriate governing agencies and compliance with their requirements. The IP and CA are subject to revocation if the site plan, plat, or intended use changes. The IP and CA are subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal, and the conditions of this permit. As a condition of the IP/CA, the owner and/or applicant must maintain the designated reference point(s) until the wastewater system is installed or the permit expires.

NO GRADING OR FILLING OVER THE INITIAL NITRIFICATION FIELD OR REPAIR AREAS

SEE ATTACHED SITE PLAN/LAYOUT FOR SYSTEM SPECIFICATIONS