

ROY COOPER • Governor

KODY H. KINSLEY · Secretary

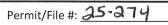
MARK BENTON • Chief Deputy Secretary for Health

SUSAN KANSAGRA • Assistant Secretary for Public Health

Division of Public Health

Submittal Includes: X (a2) Improvement Permit (a2) Construction Authorization Fee \$
IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)
County: Union
PIN/Lot Identifier: APN: 08-303-007
Issued To: Jonathan Newth - Newth Properties, LLC JUN 1 1 2025
Property Location: Winchester Road
Subdivision (if applicable) Lot #: Block: Section:
LSS Report Provided: Yes X No
If yes, name and license number of LSS: Gary Kreiser, #1276
New X Expansion System Relocation Change of Use
Facility Type: House
Number of bedrooms: 4 Number of Occupants: 8 Other:
Design Wastewater Strength: X Domestic
Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.15
Proposed Wastewater System Type*: IIIc AVAVIN 10 Fill System (Initial) Pump Required: Yes No X May be required
Proposed Wastewater System Type*: Vd (Repair) Pump Required: X Yes No May be required
*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII
Effluent Standard: DSE HSE NSF/ANSI 40 TS-I TS-II RCW
Saprolite System (Initial): Yes No Saprolite System (Repair): Yes X No
Fill System (Initial): X Yes No If yes, specify: X New Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Fill System (Repair): 🗌 Yes 💹 No If yes, specify: 🔲 New 🔝 Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Depth to LC (Initial) ^x :18
Max. Trench Depth (Initial)*:6" above ground Max. Trench Depth (Repair)*:* Measured on the downhill side of the trench
Artificial Drainage Required: Yes No If yes, please specify details:
Type of Water Supply: X Private well Public well Shared well Municipal Supply Spring Other:
Drainfield location meets requirements of Rule .0508: Yes 🕱 No 🗌 Drainfield location meets requirements of Rule .0601: Yes 🗍 No 🗍
Permit valid for: The years [site plan submitted pursuant to GS 130A-334(13a)] No expiration [plat submitted pursuant to GS 130A-334(7a)]
Permit conditions:
Licensed Soil Scientist Print Name: Gary Kreiser
Licensed Soil Scientist Signature: Date: May 22, 2025

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





This Section for Local Health Department Use Only

Initial submittal received:	b	ý
	Date	Initials
G.S. 130A-335(a3) states the following:		
When an applicant for an Improvement Permit submits to a local health departr department, the common form developed by the Department, and a soil evaluar 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 Improvement 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 failur common form for use as the Improvement Permit.	tion pursuant to subsection eview of the submittal. A de etermines that the Improve ent Permit. The applicant m department shall make a f the additional information	(a2) of this section, the local health department shall, termination of completeness means that the Improvement ment Permit is incomplete, the local health department ay submit additional information to the local health final determination as to whether the Improvement Permit from the applicant. If the local health department fails to
The review for completeness of this Improvement Permit was c Permit is determined to be:	onducted in accordan	ce with G.S. 130A-335(a3). This Improvement
☐ Incomplete (If box is checked, information in this section is	required.)	
The following items are missing:		
Copies of this were sent to the LSS and the Applicant on State Authorized Agent:	Date	Date:
Complete State Authorized Agent:	HR	Date: <u>W1912025</u>
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 sl permit is subject to compliance with the provisions of 15A NC/	es the issuance of otl ir requirements. <u>This</u> nall not be affected b	ner permits. The permit holder is responsible permit is subject to revocation if the site plan, y a change in ownership of the site. This
The Department, the Department's authorized agents, and the any liabilities, duties, and responsibilities imposed by statute of evaluations, submittals, or actions from a licensed soil scientis	or in common law fro	m any claim arising out of or attributed to
Improvement Permit Expiration Date: 1912030		

See attached site sketch