Permit/File #: $\frac{25-215}{2}$



ROY COOPER • Governor

KODY H. KINSLEY • Secretary

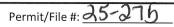
MARK BENTON • Chief Deputy Secretary for Health

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: 08-303-007B					
Issued To: Jonathan Newth - Newth Properties, LLC					
Property Location: Winchester Road BY:					
Subdivision (if applicable) Lot #: 2 Block: Section:					
LSS Report Provided: Yes X No X					
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*: Ilb-low profile chamber (Initial) Pump Required: Yes NoX 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 X No Saprolite System (Repair): Yes No					
Fill System (Initial): Yes x No If yes, specify: 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 :					
Max. Trench Depth (Initial)*: Max. Trench Depth (Repair)*: ⁶					
Artificial Drainage Required: Yes No If yes, please specify details:					
Type of Water Supply: 🔀 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: Five years [site plan submitted pursuant to GS 130A-334(13a)] No expiration [plat submitted pursuant to GS 130A-334(7a)]					
Permit conditions: low profile chamber required - no 25% reduction allowed					
Licensed Soil Scientist Print Name: Gary Kreiser					
Licensed Soil Scientist Signature: Date:					

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 subr	nittal received:		by	_
		Date	Initials	
G.S. 130A-335(a3) states the following:				
When an applicant for an Improvement Permit submits to department, the common form developed by the Departm within five business days of receiving the application, conceptration and the required components. If the local shall notify the applicant of the components needed to condepartment to cure the deficiencies in the Improvement Peis complete within five business days after the local health act within any period set out in this subsection, the applications form for use as the Improvement Permit.	ent, and a soil evaluation duct a completeness rev I health department det Implete the Improvemen ermit. The local health a department receives th	on pursuant to subsiew of the submitto ermines that the Ir t Permit. The appli lepartment shall m e additional inforn	ection (a2) of this se al. A determination o aprovement Permit i cant may submit ado ake a final determin nation from the appl	ection, the local health department shall, if completeness means that the Improvement is incomplete, the local health department ditional information to the local health ation as to whether the Improvement Permit icant. If the local health department fails to
The review for completeness of this Improvem Permit is determined to be:	nent Permit was co	nducted in acco	ordance with G.S	5. 130A-335(a3). This Improvement
☐ Incomplete (If box is checked, information	in this section is re	equired.)		
The following items are missing:		and a		
		1 ₂ 72		
Copies of this were sent to the LSS and the Ap		Date		
State Authorized Agent:				Date:
☑ Complete State Authorized Agent: ₩ALLY AMW	llig		HRT	Date: <u>V 19/2025</u>
This Improvement Permit is issued pursuant to attached here. The issuance of this permit in for checking with appropriate governing bodito by the intended use changes. The Impropermit is subject to compliance with the proven	no way guarantee es in meeting thei vement Permit sha	s the issuance r requirements all not be affec	of other permits . <i>This permit is s</i> ted by a change	s. The permit holder is responsible subject to revocation if the site plan, in ownership of the site. This
The Department, the Department's authorize any liabilities, duties, and responsibilities imperal lice.	osed by statute or	in common la	w from any clair	m arising out of or attributed to
Improvement Permit Expiration Date: <u>ル ル</u>	12030			