PERMIT IS SUBJECT TO REVOCATION IF SITE PLANS OR INTENDED USE CHANGE WARREN COUNTY HEALTH DEPARTMENT Provisionally Suitable Permit No. ENVIRONMENTAL HEALTH DIVISION 1 Pump system **544 WEST RIDGEWAY STREET**) Repair of existing system WARRENTON, NC 27589) Upgrade PHONE (252) 257-1538 Name of original owner FAX (252) 257-4460 **IMPROVEMENT PERMIT** TAREST exclustries_ Phone #:__ 4 Rabbitt Bottom Pd prenton, NC. 2758 Subdivision Name Directions to lot (RPR#) Application Date Improvement permit with scale drawing on plat is valid without expiration IMPROVEMENT PERMIT APPROVAL Improvement permit with site plan is valid for 60 months Environmental Health Specialist CONSTRUCTION AUTHORIZATION Original Deed Date _____ Land Use RosidenCo# of bedrooms _ 3 # of people Water Supply County WATER Distance from well and/or water lines 100 Well installed at time of inspection () Yes () No Dist. from septic system _ Design daily flow of sewage 360 gals. Kitchen garbage grinder___ Septic tank capacity 1000 gals. Nitrification field 1320 Sq. Ft. Maximum trench depth _____ Type system _____ Type repair _____ CONSTRUCTION AUTHORIZATION APPROVAL *CONSTRUCTION AUTHORIZATION IS VALID FOR 5 YEARS FROM DATE OF ISSUE COMMENTS: (1) RUN TRENCHES 3' WIDE AND AT LEAST 9' ON CENTERS (2) RUN LINES CONTOUR TO SLOPE 3) RUN LINES OF EQUAL LENGTH (4) EFFLUENT FILTER REQUIRED 5) TANK MARKERS/RISERS NECESSARY 6) IF TANK LOCATION IS SPECIFIED ON SITE PLAN SEPTIC PERMIT-HOUSE, MH OR STRUCTURE TO BE PLUMBED ACCORDINGLY. 7) INSTALL INITIAL SYSTEM THE SEPTIC TANK SYSTEM AND OTHER IMPROVEMENTS THAT ARE MADE SHALL BE OTHER VALUABLE PAPERS. INSTALLED AS SHOWN IN THE SITE SKETCH PLAN. NO CHANGES SHALL BE MADE WITH-*DO NOT LANDSCAPE LOT BEFORE HEALTH DEPARTMENT APPROVAL. DO NOT LOCATE DRIVEWAYS, PARKING AREAS, OR OTHER BUILDINGS OVER SEPTIC TANK SYSTEM. LAND-OUT APPROVAL FROM THE HEALTH DEPARTMENT. SCAPE AREA OVER SEPTIC TANK SYSTEM TO PREVENT PONDING OF WATER. SEED WITH ANY VARIATIONS FROM THE CONDITIONS AND REQUIREMENTS PREVIOUSLY GRASS TO HELP PREVENT SOIL EROSION AND TO IMPROVE EVAPOTRANSPIRATION. DESCRIBED WILL VOID THE PERMIT. THIS IS AN OFFICIAL DOCUMENT. PLEASE RETAIN WITH OPERATION PERMIT NOTE: THE SEPTIC TANK, AND NITRIFICATION FIELD MUST BE INSPECTED BY A REPRE-**OPERATION PERMIT APPROVAL** SENTATIVE OF THE HEALTH DEPARTMENT BEFORE THEY ARE COVERED. DATE THE SIGNING OF THIS CERTIFICATE SHALL INDICATE THAT THIS SYSTEM HAS BEEN ENVIRONMENTAL HEALTH INSTALLED IN COMPLIANCE WITH THE CURRENT LAW & RULES FOR SANITARY SEWAGE SPECIALIST COLLECTION, TREATMENT AND DISPOSAL SET FORTH IN ARTICLE 11 OF GENERAL STATUTE 130A. SECTION. 1900 OF THE NORTH CAROLINA ADMINISTRATIVE CODE TITLE CONTRACTOR: 10. HEALTH SERVICES, ENVIRONMENTAL HEALTH SUBCHAPTER 10A SANITATION AND SHALL IN NO WAY BE A GUARANTEE THAT THE SEPTIC TANK SYSTEM WILL FUNCTION SATISFACTORILY FOR ANY GIVEN PERIOD OF TIME.

WHITE - OWNER'S COPY - YELLOW - HEALTH DEPT. COPY - PINK - INSPECTION DEPT. COPY

ystem components represent approxeginning the installation to insure the	ximate contours only. The contractor must flag	J THE SYSTEM POTENTIAL
	9 ACRES	
XIX	"NATURAL DRAIN" HOME WONTON SEPHIC SYSTEM AREA "SR 1001"	56'
Linear feet of conventional trench 4.1 SE Property line 10 ft; Stream/Lake. Trenches on 9-ft centers, 3-ft wide, on contents.	CONDITIONS OF THE PERMIT Linear feet of 25% reduction trench # of the control of the cont	of panels/bundles LOGft