NO THE AROUND

IMPROVEMENT PERMIT

Montgomery County Health Department - Env 444 N. Main Street Troy, NC 27371 Phone: (910) 572-8175 *CDP File Number: 450106 - 1
County ID Number: 7582 00 20 2257
Evaluated For: NEW

PERMIT VALID UNTIL: 03/12/2030

*NOTE TO INSPECTIONS DIVISION: Building Permits cannot be issued with this Improvement Permit.

Applicants	RYAN ABRAMOVIC		Proporty Owner	Reginald Smith		
Applicant: Address:	2890 19TH AVE N		roperty Owner:	Reginald Strikti		
	PETERBURG					
City:	- CONT		city:			
State/Zip:	FL 33713		tate/Zip:	·		
Phone #:	home: (773) 320-2003		hone #:	home: (910) 638-9527		
Address: Road #: Structure: # of Bedrooms # of People:	O US 220 ALT S 27229 SINGLE FAMILY	Subdivision Directions		Block/Phase: NEW Lot:		
*Water Supply	PUBLIC					
		Custom O	(f) - Al			
Initial System	<u>1</u>	System Spec	<u>fications</u>			
Usable Soil I			Minimu	m Trench Depth: 20 Inches		
	esign Flow: 480		Maximu	m Trench Depth: 24 Inches		
Soil Applicat	ion Rate: 0.7000					
*System Cla	ssification/Description:			Septic Tank: Gallons		
TYPE II A.	CONV SYSTEM (SINGLE-FAMILY OR 480 G	SPD OR	Pump Require	d Yes No May Be Required		
*Proposed S				Pump Tank: Gallons		
	-					
Repair Syst	em Required: XYes No	O No, but	has Available Spa	ce		
Repair Syst	tem					
Usable Soil De	pth: <u>48</u>		Minimum	Trench Depth: 20 Inches		
Soil Application	n Rate: 0.700		Maximum	Trench: Depth: 24 Inches		
*System Class	sification/Description:		Pump Required	d: Yes XNo May Be Required		
TYPE II A. (CONV SYSTEM (SINGLE-FAMILY OR 480 G	PD OR LESS)	T dirip recyanics	. Ores (X)No Omay be required		
*Proposed Syst	em: CONVENTIONAL			Pump Tank: Gallons		
No grading or *Site Modifica	construction activity is allowed in areas designations	nated for system	m and repair withou	t approval of Health Department.		
The issuance o	f this permit by the Health Department in no v	vay guarantees	the issuance of othe	er permits. The permit holder		
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.						
*Permit Conditions Permit Issued for 4-BR Residential						
Initial and Repair: Conventional						
Property lines and corners to be clearly marked prior to installation						
	ible for maintaining flagging marking soil area					
Contact MCEH	with questions)		

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The Department and Local Health Department may impose conditions on the issurance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation it the site plan, plat, or intended use changes (NCGS 130A-335(f)). The person owning or controlling the system location, installing, operation, maintenance, monitoring, reporting, and repair (per rule .0301(/a).

Authorized State Agent:	Johnson, Jessie Date of Issue	: 03/12/2025
~	J. Jupan	Total Time: (HH:MM)
Mand Drawing	Import Drawing **Site Plan/Drawing attached.**	:

