5B9' K64

PROPERTY/PARCEL ID # 3338 **PERMIT NUMBER** 2765 **OWNER** Josh Lail & Company LLC

Alexander County Health Department Operation Permit

System Type: III 9 25% V 7 Q4P S
(In Accordance With Table Va)

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

John Teague
Authorized State Agent

Kevin Bowles
System Installer

Sept 30, 2021
Date of Operation Permit Issuance

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.

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

II. Monitoring: As required by Rule .1961.

III. Maintenance: As required by Rule .1961. Other: _____

Subsurface system operator required? Yes _____ No X

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: _____

V. Other: _____

See IP+CA

Revised 5-2-19

508997

Property/Parcel ID # 3338 **PERMIT #** 2765 **OWNER/APPLICANT** Loyd Fox / APP Josh Lail & Company LLC

ALEXANDER COUNTY ENVIRONMENTAL HEALTH

Call (828) 632-1000 ext.2 between 8:00 – 9:00 AM, Mon-Fri.

151 West Main Avenue Suite 6, Taylorsville, NC 28681

Improvement Permit / Construction Authorization

Site Location Hwy 127S. (R) Pinecrest property on Corner of Pinecrest and Crestwood Loop. Lot end of Pinecrest.
192 Crestwood Lp.

Subdivision Pinecrest Park Lot # 10 Lot size

- X Improvement permit
- ___ Repair permit
- ___ Auth. Exist System
- X Auth. for Waste Water System Construction
- ___ Expansion

Improvement Permit

***A building permit cannot be issued with only an Improvement Permit**

By John Jacque

Date July 6, 2021

* permit valid for: X 5years ___ No expiration

Construction Authorization

*** Required for Building Permit**

By John Jacque

Date July 6, 2021

*Permit valid for 5 years

Type of structure House
Max # of occupants 6 # bedrooms 3 # baths 2
Projected daily flow 360 GPD
Type of water supply public
Basement Yes (No) Basement plumbing Yes (No)
Pump required Yes (Repair) No ___
Garb. Disposal Yes ___ No X

Site Evaluation

Restrictive Horizons (in.) (Impervious Strata, Rock)	48"	(S)	PS
Soil Depth (in.)	48"	(S)	PS
Soil Permeability (Application Rate)	.30	S	(PS)
Site Classification		S	(PS)

Septic System

Septic Tank Size 1000 Stb 1012
Pump Tank Size ___ Stb ___
Installed by Kevin Bowles
Nitrification Field 900 Sq.Ft.
Number of lines 5
Length and width of lines 62', 62', 62', 62', 62' x3'

Trench spacing 9 Feet on center
Total trench length 310ft includes End Caps
Max trench depth 24-30"

Soil cover 12 inches
Aggregate Depth: ___ inches total; ___ inches below pipe; ___ inches above pipe

Proposed System Type: Initial ~~Dig~~ 25% Reduction
Repair ~~Dig~~ b Pump to PPBPS 50% Reduction System.

Permit Conditions: See attached sheet

The issuance of this permit does not preclude the Permittee from complying with any and all statutes, rules, regulations, or ordinances which may be imposed by other government agencies (local, state, and federal) which have jurisdiction. As a condition of the permit, the reference point(s) must be maintained by the owner and/or applicant until the wastewater system is installed or the permit has expired. The construction and installation requirements of Rules .1950.1952, .1954, .1955, .1956, .1957, .1958, and 1959 are incorporated by reference in the permit and shall be met. Systems shall be installed in accordance with the attached system layout. The Improvement Permit and Construction Authorization are subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. * Note: GS 130A-336(b) GS 130a-335(f). The following shall apply to the application and the Improvement Permit/ Authorization for Wastewater Construction, if one is issued. The Improvement Permit/Authorization for wastewater construction shall become invalid immediately if the site plan, plat, or intended use changes. For example: 1) Increasing the size of the home or number of bedrooms. 2) Relocation of the house site or altering size and location of the lot. 3) Grading, cutting or filling the area designed for the sewage system and the 100% repair area or the location of a driveway, utilities, mulch beds, gardens, etc. on these areas. After the installation of the septic tank system, landscaping should be done in such a way as to direct the movement of water, surface and/or internal, away from the septic tank system and repair area. 4) The placement of or discovery of an existing well which is too close to the sewage system and repair area, as required by state law. 5) Anything else which occurs that would cause the permit to become void as stated in Article 11 Chapter 130 A of the General Statutes of North Carolina. * Note: The lot size dimensions were provided by the owner and/or applicant. Also, there is no guarantee that this system or any other will function satisfactorily for any given period of time. The Construction Authorization shall not be transferred when there is a change in ownership of the site.

I have read and fully understand the above. **Sign** See Attached for signature **Date** 7/6/21

Revised 7/2/2019

Alexander County Environmental Health Department
151 West Main Ave. Suite # 6 Taylorsville 28681
(828) 632-1000 ext.# 2

Permit # 2765
Owner: Josh Lail
Date: 7/6/21
EHS John Teague

CONDITIONS OF PERMIT:

The issuance of this permit does not preclude the Permittee from complying with any and all statutes, rules, regulations, or ordinances which may be imposed by other government agencies (local, state, and federal) which have jurisdiction.

25% Space Reduction System Permit Conditions:

310 Linear Feet of **25% Space Reduction System**

1000 Gallon Septic Tank

End cap feed lines as drawn

12" MINIMUM Natural Cover

Backfill shall be approved by the local Health Department in accordance to Rule .1956[3(i)]

Owner / Applicant may consult with Installer/Soil Scientist/Engineer about other experimental and innovative alternatives.

Gutter drains shall be routed around septic fields

See attached sketch for system layout.

Crawl Space shall not contain a vertical cut of 24 inches or more.

See attached diagrams for installation specifications.

Septic Tank Contractor shall call prior to installation of Septic System Mon. through Fri. 8-9 am.

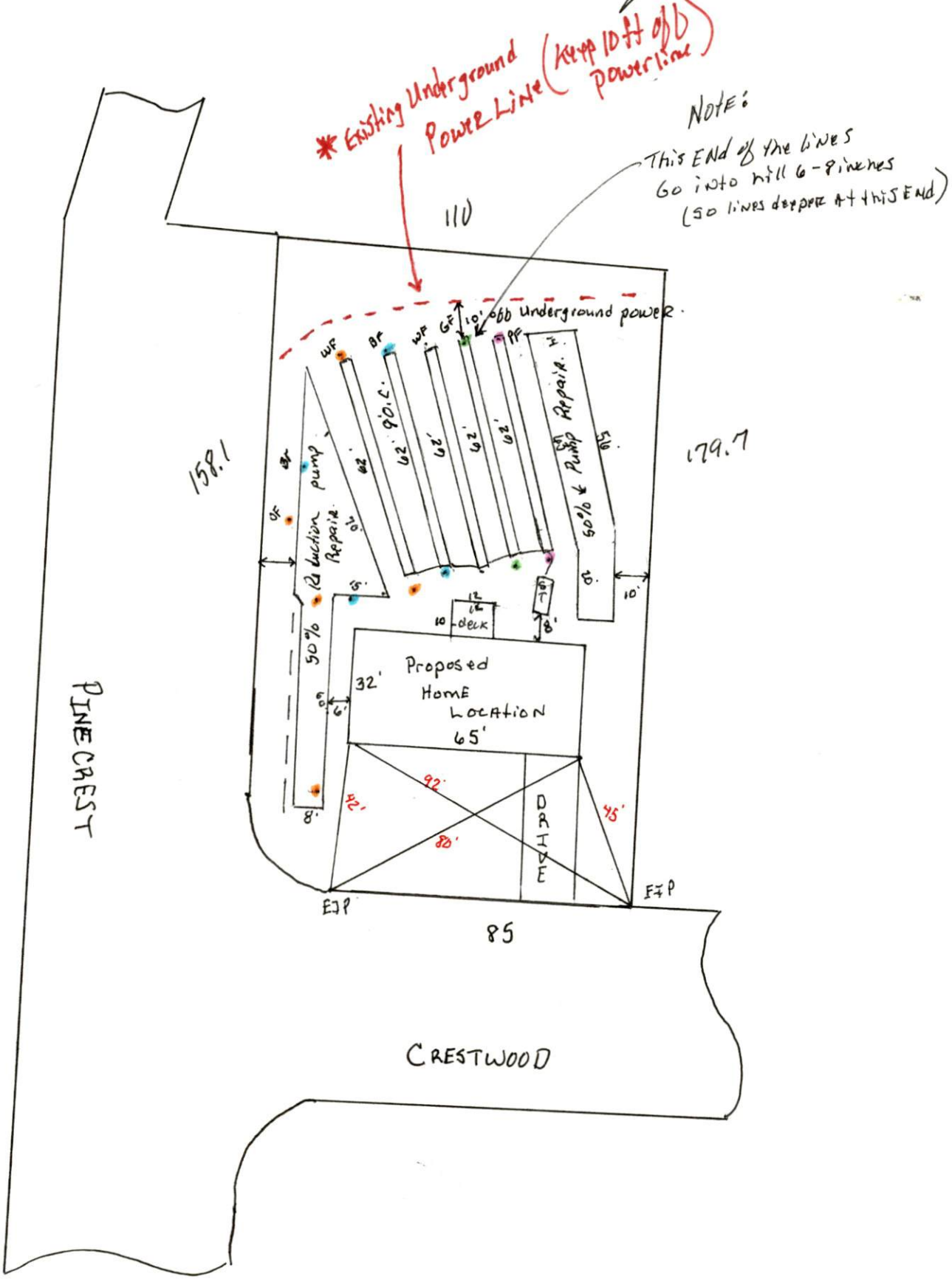
The Applicant, Owner, Builder, shall be responsible for plumbing the home to ensure that a gravity Septic System can be installed. The Septic Tank shall not be installed deeper than 6 inches below the surface of the natural ground level, or a pump shall be installed.

Surface Diversions and/or Interceptor Drains may be required in the future.

Sewage System shall be installed as drawn.

Nitrification fields and repair areas shall not be located under paved areas or areas subject to vehicular traffic.

ALEXANDER COUNTY ENVIRONMENTAL HEALTH
Phone: (828)632-1000 Fax: (828)632-1354
IMPROVEMENT PERMIT DIAGRAM

Installer: Kevin Bowles

Issued Permit # 2765
Date: July 6, 2021
Owner: Loyd Fox / App Josh Lail & Company LLC
EHS: John Jacque
Operation Permit Issued: 9/34/21
EHS: [signature]