



IMPROVE SEWER PERMIT

Stanly Cour Commons
1000 N. First St.
Suite 13-A
Albemarle, NC 28001
Phone: (704) 986-3675

For Office Use Only

File Number: 281076 - 2
County ID Number: 142996
Evaluated For: NEW

PERMIT VALID UNTIL: 03/14/2030

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

Applicant: CHET MERCER
 Address: 16194FIVE POINT RD
 City: LOCUST
 State/Zip: NC 28097
 Phone #: _____

Property Owner: CHET MERCER
 Address: 16194FIVE POINT RD
 City: LOCUST
 State/Zip: NC. 28097
 Phone #: _____

Property Location & Site Information

Address: CREPTS BRANCH RD LOCUST, NC 28097 Subdivision: CREPTS BRANCH Block/Phase: NEW Lot: 3

Road #: _____

Structure: SINGLE FAMILY **Directions** HWY 73 TO MILLINGPORT RD; TL MILLINGPORT RD; TL BEAR CREEK; TR CREPTS BRANCH RD; LOT 3

of Bedrooms: 3

of People: 6

*Water Supply: PUBLIC

System Specifications

Initial System
 Usable Soil Depth: 26 Minimum Trench Depth: 14 Inches
 Design Flow: 360 Maximum Trench Depth: 14 Inches
 Soil Application Rate: 0.2500

*System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP
 Septic Tank: 1000 Gallons
 Pump Required: Yes No May Be Required

*Proposed System: HORIZONTAL PPBPS
 Pump Tank: 1000 Gallons

Repair System Required: Yes No No, but has Available Space

Repair System

Usable Soil Depth: _____ Minimum Trench Depth: _____ Inches
 Soil Application Rate: 0.100 Maximum Trench: Depth: _____ Inches

*System Classification/Description: TYPE V F. ANAEROBIC DRIP
 Pump Required: Yes No May Be Required

*Proposed System: DRIP Pump Tank: _____ Gallons

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

***Site Modifications**
DO NOT REMOVE OR DISTURB SOIL IN APPROVED SEPTIC AREA.

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**
 Initial system is horizontal panel block. Repair is drip. Will be pumping approx. 160' to pressure manifold. Due to site conditions pump line will run under driveway and that portion must be sleeved with DIP or equivalent or installed 36" deep. Drainage ditch must be filled and redirected prior to install of septic lines. Waterline must be installed with 10' setback to all system components. 14" trench depth will require additional cover.
 Final house and driveway placement MUST be marked and verified prior to issue of the CA.

The Department and Local Health Department may impose conditions on the issuance and may revoke the permit for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation if 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: *Adison Campbell*
Campbell, Adison

Date of Issue: 03/14/2025

Total Time: (HH:MM)

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Hand Drawing

Import Drawing

****Site Plan/Drawing attached.****

