



IMPROVE NT PERMIT

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

For Office Use Only

*CDP File Number: 281076 - 4
County ID Number: 142996
Evaluated For: NEW

PERMIT VALID UNTIL: 04/27/2031

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

Applicant: CHET MERCER
 Address: 27010 CREPTS BRANCH RD
 City: LOCUST
 State/Zip: NC 28097
 Phone #: _____

Property Owner: CHET MERCER
 Address: 27010 CREPTS BRANCH 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: 12 Inches
 Design Flow: 360 Maximum Trench Depth: 14 Inches
 Soil Application Rate: 0.3000

*System Classification/Description: Type IIIg - Other Non-Conventional Systems Septic Tank: 1000 Gallons

*Proposed System: 25% REDUCTION Pump Required: Yes No May Be Required
 Pump Tank: _____ Gallons

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

Repair System
 Usable Soil Depth: 18 Minimum Trench Depth: 6 Inches
 Soil Application Rate: 0.100 Maximum Trench: Depth: 6 Inches

*System Classification/Description: Type Va - Advanced Pretreatment Meeting NSF/ANSI 4 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 GRADE OR DISTURB SOIL IN APPROVED SEPTIC SYSTEM 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 300ft of 25% reduction. 14" trench depth will require additional imported cover.
 Interceptor drain will be required above initial system, as drawn.
 ***Before CA can be issued, existing depression above approved area must be removed by sloping the land to natural grade and existing dam must be destroyed. All drainage must be rerouted as drawn prior to issue of the CA. All site modifications must be verified onsite before permits will be issued.
 Final house 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 permits 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*

Date of Issue: 04/27/2026

Campbell, Adison

Total Time: (HH:MM)

Hand Drawing

Import Drawing

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

_____ : _____

