## GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES ENVIRONMENTAL HEALTH

Permit Number:	310596
Permit Number.	210010

## **IMPROVEMENT PERMIT**

PID/Lot Identifier:		
Owner: KCHIVY Bridges Applicant: Dawn Timoun		
Property Location: U Whight View Dr Kings mtn. NC 381860		
Subdivision (if applicable)Lot #:Block:Property Size:		
New System Relocation Change of Use		
Facility Type: SINOLE TAMILY DIVELLING		
Number of bedrooms: 3 Number of Occupants: 6 Other:		
Design Wastewater Strength: 🔀 Domestic 🔲 High Strength 🔲 Industrial Process Wastewater		
Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 3 Proposed LTAR (Repair): 13		
Proposed Wastewater System Type *: 116 (Initial) Pump Required: Yes 🔀 No 🗌 May be required		
Proposed Wastewater System Type*:		
*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII		
Effluent Standard: 🗵 DSE 🗌 HSE 📋 NSF/ANSI 40 🔲 TS-I 🔲 TS-II 🔲 RCW		
Saprolite System (Initial): X Yes No Saprolite System (Repair): Yes X No		
Fill System (Initial): 🗌 Yes 🔞 No 🛮 If yes, specify: 🔲 New 🔝 Existing (when adding more than 6 inches of fill to system area provide a fill plan		
Fill System (Repair): Yes 🔀 No If yes, specify: New Existing (when adding more than 6 inches of fill to system area provide a fill plan)		
Usable Depth to LC (Initial)*: 5D Usable Depth to LC (Repair)*: 3 <sup>L</sup> / * Limiting Condition		
Max. Trench Depth (Initial)*: Max. Trench Depth (Repair)*: Measured on the downhill side of the trench		
Artificial Drainage Required: 🗌 Yes 🖟 No If yes, please specify details:		
Type of Water Supply: 🗹 Private well 🔲 Public well 🔲 Shared well 🔲 Municipal Supply 🔲 Spring 🔲 Other:		
Orainfield location meets requirements of Rule .0508: Yes 💹 No 🗌 Drainfield location meets requirements of Rule .0601: Yes 🙀 No 🗍		
Permit valid for: 🔀 Five years [site plan submitted pursuant to GS 130A-334(13a)] 🔲 No expiration [plat submitted pursuant to GS 130A-334(7a		
Permit conditions: FULCOW ALL MC RULES/LAIMS. NO PRIVING PARKING PAVING OR GRADING OVER SEPTIC AREA. DO NOT DIVERT SURFACE WATER OVER OR INSTALL WILLITIES THROUGH SEPTIC AREA. NEED NEW SURVEY SHOWING PROPERTY UNES RELOCDED WITH COUNTY FOR CONSTRUCTION ANTHORIZATION,		
Authorized Agent's Printed Name: ALEXANDER MELWEE Expiration Date: 6/25/25		
Authorized Agent's Signature: 11 eyewdy Mill		
*See attached site sketch*		

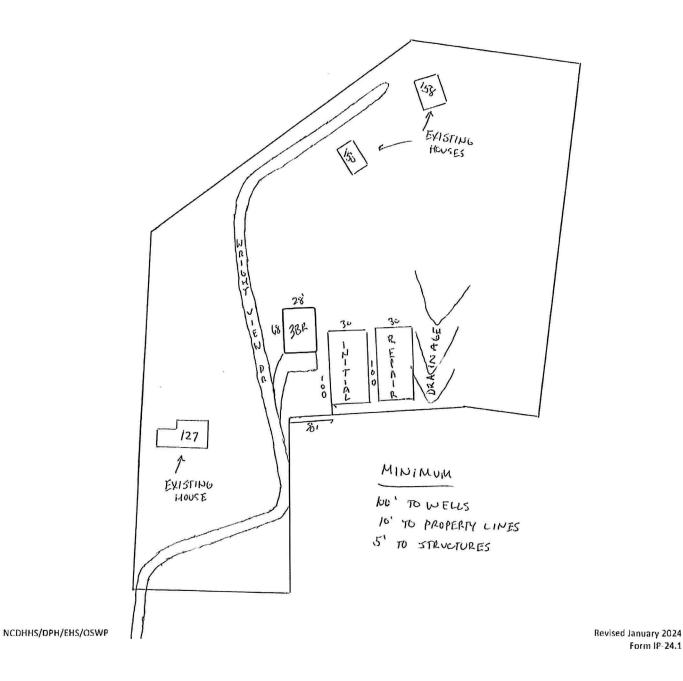
The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. <u>This permit is subject to revocation if the site plan, plat, or the intended use changes.</u> The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

## GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES **ENVIRONMENTAL HEALTH**

## SITE SKETCH

PID BRYINN OF 223003	Permit Number 310596
DANN TIMEON	WRIGHT VIEW DR
Applicant's Name Alexander M'al	Subdivision/Section/Lot Number
Authorized State Agent	Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.



Form IP-24.1