



IMPROVEMENT 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: 405345 - 1
County ID Number: 14877
Evaluated For: NEW

PERMIT VALID UNTIL: 02/09/2029

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

Applicant: RICARDIA D WILSON
 Address: 33287 MANN RD
 City: ALBEMARLE
 State/Zip: NC 28001
 Phone #: _____

Property Owner: RICARDIA D WILSON
 Address: 33287 MANN RD
 City: ALBEMARLE
 State/Zip: NC. 28001
 Phone #: _____

Property Location & Site Information

Address: MANN RD ALBEMARLE, NC Subdivision: _____ Block/Phase: NEW Lot: _____
 Road #: 28001
 Structure: SINGLE FAMILY **Directions**
 # of Bedrooms: 4 BESIDE 33287 MANN RD
 # of People: 8
 *Water Supply: NEW WELL

System Specifications

Initial System
 Usable Soil Depth: 14 Minimum Trench Depth: 14 Inches
 Design Flow: 480 Maximum Trench Depth: 14 Inches
 Soil Application Rate: 0.2500
 *System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP
 *Proposed System: CONVENTIONAL
 Septic Tank: 1000 Gallons
 Pump Required: Yes No May Be Required
 Pump Tank: 1000 Gallons

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

Repair System
 Usable Soil Depth: 6 Minimum Trench Depth: 6 Inches
 Soil Application Rate: 0.100 Maximum Trench: Depth: 6 Inches
 *System Classification/Description: TYPE V F. ANAEROBIC DRIP
 *Proposed System: DRIP
 Pump Required: Yes No May Be Required
 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 ANY PART OF 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 approved for conventional or 25% reduction chambers. Additional cover required for 14" trench depth. Will be pumping approximately 190' to a d-box. Must have exact house placement & driveway marked before CA is released.

- 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(f)).

Authorized State Agent:

Victoria Lisk, REHS

Date of Issue:

02/09/2024

Lisk, Victoria

Total Time: (HH:MM)

Hand Drawing

Import Drawing

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

_____ : _____

