

WILKES COUNTY HEALTH DEPARTMENT
IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION

44472

Page 1 of 2

ISSUED TO: Fam Tom Land & TIMBER LLC LOCATION: Bud West PARCEL I.D. 0300647
NEW EXPANSION _____ REPAIR _____ TYPE OF WATER SUPPLY new well (not supplied)
FACILITY TYPE: 4 BOM MH # BEDROOMS 4 # OCCUPANTS: 8 WASTEWATER FLOW 480 g.p.d.
BASEMENT? YES _____ NO BASEMENT FIXTURES? YES _____ NO GARBAGE DISPOSAL? YES NO _____
Type of Wastewater System conventional (Initial) conventional (Repair)

I accept the system type and site plan/layout as specified on the Improvement Permit / Construction Authorization.
Owner/Legal Representative Signature: COVID-19 Date: _____

PERMIT CONDITIONS:
All parts of system 100' from future well

AUTHORIZED STATE AGENT: [Signature]
DATE: 10/13/23
PERMIT VALID FOR: FIVE YEARS _____ NO EXPIRATION

The issuance of this Improvement Permit (IP) and Construction Authorization (CA) by the Health Department in no way guarantees issuance of other permits. The owner/applicant is responsible for contacting appropriate governing agencies and compliance with their requirements. The IP and CA are subject to revocation if the site plan, plat, or intended use changes. The IP and CA are subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal, and the conditions of this permit. As a condition of the IP/CA, the owner and/or applicant must maintain the designated reference point(s) until the wastewater system is installed or the permit expires.

NO GRADING OR FILLING OVER THE INITIAL NITRIFICATION FIELD OR REPAIR AREAS
SEE ATTACHED SITE PLAN/LAYOUT FOR SYSTEM SPECIFICATIONS

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Page 2 of 2

ISSUED TO: Fam Jam Land & Timber LOCATION: Bud West PARCEL I.D. 030064

NEW EXPANSION REPAIR Permit Expiration Date: 10/13/28

Type of Wastewater System** Conventional (Initial) conventional (Repair)

Installation Requirements/Conditions

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

Septic Tank Size: 1500 gallons Total Trench Length: 400 feet Trench Width: 3 feet Trench Spacing: 9 Feet on Center

Pump Tank Size: — gallons Maximum Trench Bottom Depth: 22 inches (on lower side) Soil Cover: 10 inches

Pump Requirements: — ft. TDH vs. — GPM

Aggregate Depth: 6 inches below pipe 2 inches above pipe 12 inches total Issued By: [Signature] Date: 10/13/23

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to insure that proper grade is maintained. Permit valid for 5 years from issuance date unless otherwise noted.

