



IMPROVEMENT PERMIT

Richmond County Health Department

127 Caroline Street

Rockingham NC 28379

Phone: (910) 997-8320 Fax: (910) 997-8372

For Office Use Only Page 1 of 2

*CDP File Number 331493 - 1

County ID Number:

Evaluated For: NEW

PERMIT VALID UNTIL: 10 / 13 / 2025

*NOTE TO INSPECTIONS DIVISION: Building Permits cannot be issued with only an Improvement Permit. Fill Sheet CA?

Applicant: Chris & Candice Nolan
 Address: 621 Jefferson St
 City: Hamlet
 State/Zip: NC 28345
 Phone #: (910) 995-0533

Property Owner: Landry Development LLC
 Address: P.O. Box 158
 City: Rockingham
 State/Zip: NC 28380
 Phone #: (910) 997-2260

Address 180 Kenric Point
 Road # Rockingham NC 28379

Property Location & Site Information

Subdivision: Carolina Hills Phase: Lot: 212

Township:

Directions
 Take Hwy US 1 N, T/L McDonald Church Rd, T/R Kenric Pt. lot is at end off cul-de-sac

Structure: SINGLE FAMILY
 # of Bedrooms: 5
 # of People: 10

*Water Supply: PUBLIC

Initial System

*Site Classification: Suitable

Saprolite System? Yes No

Design Flow: 600

Soil Group: I

Soil Application Rate: 0.9

*System Classification/Description:
 TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR

*Proposed System: 25% REDUCTION

System Specifications

Minimum Trench Depth: _____ Inches
 Maximum Trench Depth: 28 Inches
 Fill Depth: _____ Inches
 Septic Tank: 1250 Gallons
 Pump Required: Yes No May Be Required
 Pump Tank: _____ Gallons

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

Repair System

*Site Classification: Suitable

Soil Application Rate: 0.9

*System Classification/Description:
 TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System: 25% REDUCTION

Minimum Trench Depth: _____ Inches
 Maximum Trench Depth: 28 Inches
 Fill Depth: _____ Inches
 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**

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**

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 shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting, and repair (.1938(b)).

*Authorized State Agent: 2001 - HANCOCK, BRYAN Date of Issue: 10 / 13 / 2020
 Authorized State Agent Signature: *[Signature]*
 Owner/Applicant Signature: _____

Site Plan/Drawing attached.
 Hand Drawing Import Drawing

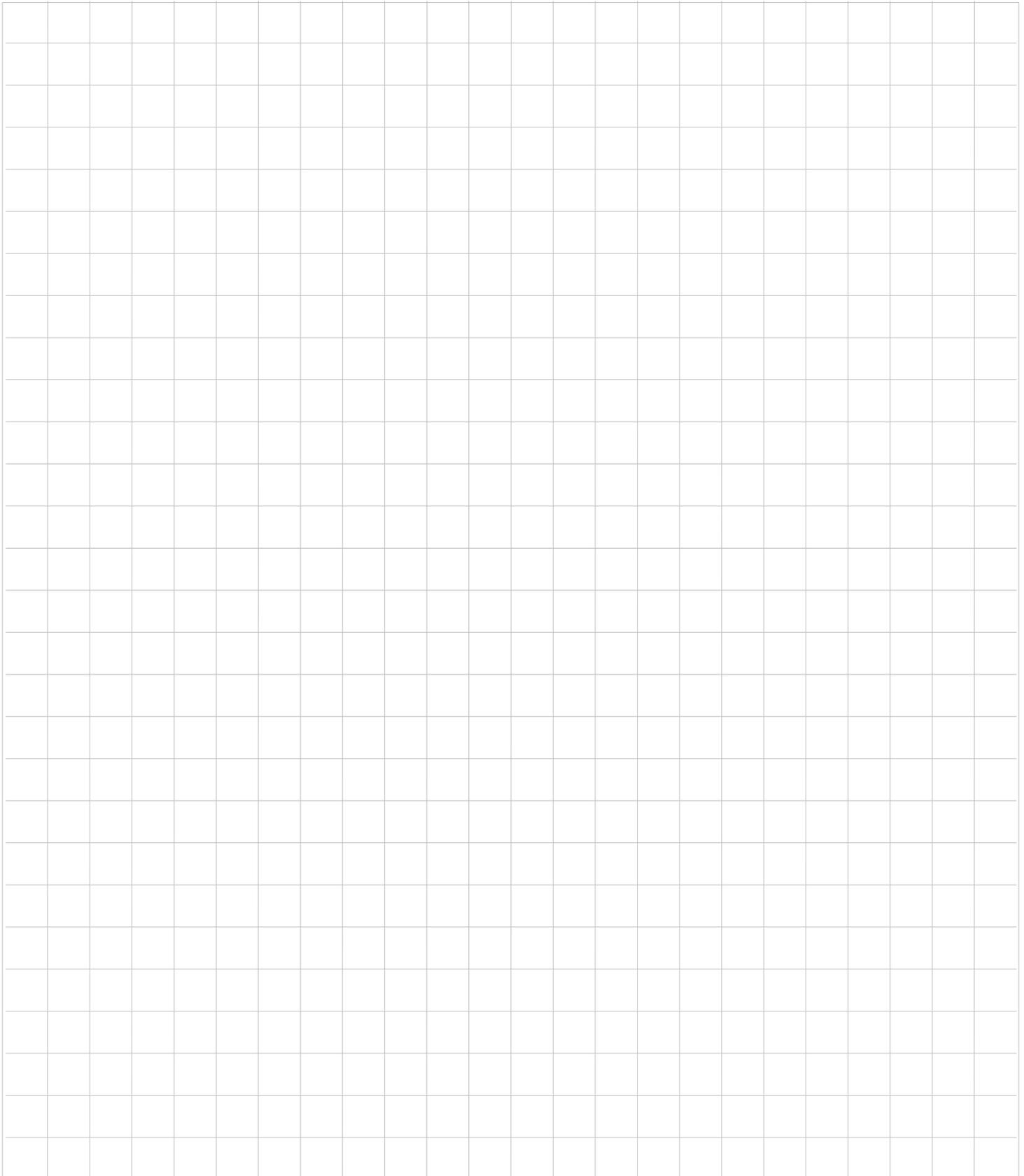


Characters Remaining 750

Characters Remaining 4000

Drawing Drawing Type: Improvement Permit

Scale: _____ Inch
 Block = _____ ft.
 N/A



IMPROVEMENT PERMIT
Richmond County Health Department

127 Caroline Street

CDP File Number: 331493 - 1

Rockingham NC 28379

County File Number:

Date: 10 / 13 / 2020

Click below to import an image from an external location: Drawing Type: Improvement Permit