



**ALAMANCE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION**



Improvement Permit- New

A Construction Authorization must be purchased to obtain a building permit (This is not a Construction Authorization)

| | | | |
|-----------------------------|---------------------------|--------------------------------------|------------------------------------|
| Tax Map Number -- | GPIN 9900219013 | Application Date 7/28/2021 | Permit Number 6428IMPR21 |
|-----------------------------|---------------------------|--------------------------------------|------------------------------------|

Site Address , BURLINGTON, NC 27217
WHISPERING PINES LOT # 9

Directions HWY 62 TO WILLIE PACE

| | | | |
|------------------|--|--------------|---|
| Requestee | BACKWOODS LAND, LLC 3095 CHAMPS WAY MEBANE, NC 27302 | Owner | BACKWOODS LAND, LLC 3095 CHAMPS WAY. MEBANE, NC 27302 |
| Phone | (336) 213-9663 | Phone | (336) 213-9663 |
| Fax | | Fax | |
| Other | | Other | |
| Email | BACKWOODSLANDCO@GMAIL.COM | Email | BACKWOODSLANDCO@GMAIL.COM |

| | | | |
|-----------------------------|--------------------|-----------------------------|------|
| Type of Structure | HOUSE | Basement | No |
| Pump Required | Yes | Basement Plumbing | No |
| Grease Trap Required | No | Number of Bedrooms | 4 |
| Projected Daily Flow | 480 GPD | Number of Occupants | 8 |
| Permit Valid For | Expires 10/11/2026 | Type of Water Supply | Well |

| | |
|-----------------------------------|--|
| Wastewater System Type | Pump Type IIIb |
| System Description | Pump to 25% Reduction Septic System with Shallow Placement |
| System Distribution | SERIAL |
| Repair System Type | Pump Type IIIb |
| Repair Description | Pump to PPBPS, Horizontal |
| Repair System Distribution | PRESSURE MANIFOLD |

Permit Conditions:
Other: DO NOT CUT OR FILL PERMITTED AREA WHEN CLEARING LOT. A PRECONSTRUCTION VISIT ON SITE WITH SEPTIC CONTRACTOR AND EHS, TO DISCUSS SYSTEM LOCATION AND DESIGN.
All pump designs and installations shall be in accordance with the Laws and Rules for Sewage Treatment, and Disposal Systems 15A NCAC 18A .1900 subject to approval by Alamance County Health Department.

See Attached Site Sketch

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. This permit is subject to revocation if the site plan, plat, or the intended use changes. 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 the Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal of the North Carolina Administrative Code and to conditions of this permit.

Authorized State Agent Rob Snow

Date 10/11/2021