

WARREN COUNTY ENVIRONMENTAL HEALTH

544 WEST RIDGEWAY STREET
WARRENTON, NORTH CAROLINA 27589
PHONE: 252-257-1538
FAX: 252-257-4460

Permit Number SP-23-205

WARREN COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION

IMPROVEMENT PERMIT

A building permit cannot be issued with only an Improvement Permit

ISSUED TO (owner): Liberty Land Group, LLC

PROPERTY LOCATION: Across from 251 Warren County
Aeres Rd Littleton NC

New Repair Expansion

Site Improvements required prior to Construction Authorization Issuance:

Type of Structure: Residence

Clear property. Remark house site +

Proposed Wastewater System Type: 25% red

Projected Daily Flow: 480 GPD

property corners. Call HD when done

Number of bedrooms: 4 Number of Occupants: 8

Basement Yes No

Pump Required: Yes No May be required based upon final location and elevations of facilities

Type of Water Supply: Public

Permit valid for: Five years
 No expiration

Permit conditions:

Authorized State Agent: [Signature]

Date: 01/19/23

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 site 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 Sewage Treatment and Disposal and to conditions of this permit.

CONSTRUCTION AUTHORIZATION

(Required for Building Permit)

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.

ISSUED TO: _____

PROPERTY LOCATION: _____

Facility Type: _____

New

Expansion

Repair

Basement? Yes

No

Basement Fixtures? _____

Yes

No

Type of Wastewater System** _____

(Initial)

Wastewater Flow: _____ GPD

(See note below, if applicable)

(Repair)

Installation Requirements/Conditions

Septic Tank Size: _____ gallons

Pump Tank Size: _____ gallons

Pump Requirements: _____ ft. TDH vs. _____ GPM

Total Trench Length: _____ feet

Trenches shall be installed on contour at a

Maximum Trench Depth of: _____ inches

(Trench bottoms shall be level to +/- 1/4" in all directions)

Aggregate Depth: _____ inches above pipe _____ inches below pipe _____ inches total

Trench Spacing: _____ Feet on Center

Soil Cover: _____ inches

(Maximum soil cover shall not exceed 36" above the trench bottom)

Conditions: _____

****If applicable:**

I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: _____ Date: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

Authorized State Agent: _____ Date of Issuance: _____

See Attached site sketch

Construction Authorization Expiration Date: _____

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