

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 				Application Date 7/18/2023		Permit Number 7647IMPR23		
Site Address		DS SOUTHWEST L	OT # 23					
Directions	ctions HWY 62							
Requestee BACKWOODS LAND LLC 3095 CHAMPS WAY. MEBANE, NC 27302 Phone (336) 213-9663 Fax Other Email backwoodslandco@gmail.com			n	Owner Phone Fax Other Email	3095 CHAMPS WAY. MEBANE, NC 27302 hone (336) 213-9663 ax			
Type of Structure		HOUSE		Basement		No		
Pump Required		No		Basement	Plumbing	No		
Grease Trap Required		No		Number of	Bedrooms	4		
Projected Daily Flow		480 GPD		Number of Occupants		8		
Permit Valid For		Expires 8/25/2028		Type of Water Supply		WELL		
Wastewater System Type		Type III						
System Description		25% Reduction Septic System						
System Distribution			SERIAL					
Repair System Type			Type III					
Repair Description			25% Reduction Septic System					
Repair System Distribution			SERIAL					
	CUT OR F	ILL PERMITTED A		L BE INSTALI	LED IN THE PER	MITTED SEPTIC SYSTEM AREAS. INSTALL		
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	8/25/2023