

## 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		Application Date 7/18/2023		Permit Number 7648IMPR24
Site Address	, THE UPLAN	DS SOUTHWEST L	OT # 24			
Directions	ns HWY 62					
Requestee Phone Fax Other Email	3095 CHAMPS WAY.  MEBANE, NC 27302  hone (336) 213-9663  ax  ther			Owner BACKWOODS LAND LLC 3095 CHAMPS WAY. MEBANE, NC 27302 Phone (336) 213-9663 Fax Other 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 1/29/2029		Type of Water Supply		WELL
Wastewater System Type		pe	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 25% Reduction Septic System with Shallow Placement			
Repair System Distribution		ion	SERIAL			
ADDITIONAL : CONFERENCE ! All pump desi	il cover neo rain neede I CUT OR F. SOIL COVEI WITH SEPT gns and in	d ILL PERMITTED A R MATERIAL MU IC CONTRACTOR stallations shall	ST BE APPROVED BY ALAM. REQUIRED AT SITE BEFOR	ANCE COUNT RE SEPTIC SY Laws and F	Y ENVIRONMEN STEM INSTALL Rules for Sewag	MITTED SEPTIC SYSTEM AREAS. ITAL HEALTH. PRECONSTRUCTION ge Treatment, and Disposal Systems
The issuance of appropriate guse changes.	of this pern overning b The Improv	nit in no way gua odies in meeting vement Permit s	*See Attached trantees the issuance of ot their requirements. <u>This p</u>	Site Sketch her permits permit is sub hange in own	* .The permit ho <i>ject to revocati</i>	older is responsible for checking with ion if the site plan, plat, or the intended ite. This permit is subject to compliance

1/29/2024

Date

Rob Snow

Authorized State Agent