

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 3-23B-2				Application Date L/4/2023	Permit Number 7371IMPR23
Site Address	HOWLE DR	, BURLINGTON, I	NC 27215		
Directions	HUFFMAN I	MILL RD PAST ROO	CK QUARRY TO GREESON TO I	HOWLE DR	
Applicant Phone Fax Other Email	3095 CHAMPS WAY MEBANE, NC 27302 hone (336) 213-9663 ax ther			Owner HANFORD MARVIN LON & CORA SUE 119 SHELL DRIVE EMERALD ISLE, NC 28594 Phone Fax Other Email	
Type of Structure		HOUSE		Basement	No
Pump Required		Yes		Basement Plumbing	No
Grease Trap Required		No		Number of Bedrooms	3
Projected Daily Flow		360 GPD		Number of Occupants	6
Permit Valid For		Expires 5/1/2028		Type of Water Supply	Well
Wastewater System Type		2	Pump Type IIIb		
System Description		Pump to 25% Reduction Septic System			
System Distribution			SERIAL		
Repair System Type		N/A			
Repair Description					
Repair System Distribution			n/a		
LTAR 0.250					
Usable soil depth to Limiting Condition fo			r Initial area 35 inches		
Usable soil depth to Limiting Condition fo			or Repair area 0 inches		
Minimum Trench Depth			18 inches		
Maximum Trench Depth			23 inches		
All pump design NCAC 18A .190 The issuance of appropriate gouse changes.	CUT OR F ns and ins 0 subject f this perr overning b The Impro	tallations shall b to approval by A mit in no way gu odies in meetin vement Permit	e in accordance with the Lalamance County Health De *See Attached parantees the issuance of c g their requirements. <u>This</u>	aws and Rules for Sewage partment. Site Sketch* other permits. The permit permit is subject to revoc change in ownership of th	RMITTED SEPTIC SYSTEM AREAS. Treatment, and Disposal Systems 15A holder is responsible for checking with ation if the site plan, plat, or the intended e site. This permit is subject to
Authoriz	zed State A	_{gent} Rob Sr	now	Date	5/1/2023