

# IMPROVEMENT PERMIT



Scotland County Health Department  
1405 West Blvd  
Laurinburg, NC 28353  
Phone: (910) 277-2440

## For Office Use Only

CDP File Number: 450623 - 1  
County ID Number: 030433A15038  
Evaluated For: NEW

PERMIT VALID UNTIL: 03/14/2030

\*NOTE TO INSPECTIONS DIVISION: Building Permits cannot be issued with only an Improvement Permit.

Applicant: ALEXANDER L WISNOSKI JR  
Address: \_\_\_\_\_  
City: WINDER  
State/Zip: GA  
Phone #: \_\_\_\_\_

Property Owner: ALEXANDER L WISNOSKI JR  
Address: \_\_\_\_\_  
City: WINDER  
State/Zip: GA  
Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
WINDER, GA  
Road #: \_\_\_\_\_  
Township: \_\_\_\_\_  
Structure: SINGLE FAMILY  
# of Bedrooms: 4 # of People: 8  
Water Supply: PUBLIC

### Property Location & Site Information

Subdivision: DEERCROFT Block/Phase: 13 Lot: 38  
**Directions**  
501N TR PEACH ORCHARD RD TL FOX LN SITE AT END OF CUL DE SAC

### Initial System

Usable Soil Depth: \_\_\_\_\_  
Saprolite System?: \_\_\_\_\_  
Design Flow: 480  
Soil Group: II  
Soil Application Rate: 0.8  
System Classification/Description: \_\_\_\_\_

### System Specifications

Minimum Trench Depth: 20 Inches  
Maximum Trench Depth: 32 Inches  
Fill Depth: \_\_\_\_\_ Inches  
Septic Tank: 1000 Gallons  
Pump Required: \_\_\_\_\_  
Pump Tank: \_\_\_\_\_ Gallons  
Proposed System: 25% REDUCTION

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Repair System Required: Yes

### Repair System

Usable Soil Depth: \_\_\_\_\_  
Soil Application Rate: 0.8  
System Classification/Description: \_\_\_\_\_  
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS  
Proposed System: 25% REDUCTION

Minimum Trench Depth: 20 Inches  
Maximum Trench Depth: 32 Inches  
Fill Depth: \_\_\_\_\_ Inches  
Pump Required: \_\_\_\_\_  
Pump Tank: \_\_\_\_\_ Gallons

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

### Site Modifications

### Permit Conditions

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.

IMPROVEMENT PERMIT ONLY ISSUED. NEW OWNERS MUST SUBMIT A SITE PLAN AND LOCATE THE REMAINING PROPERTY LINES AS WELL AS STAKE THE PROPOSED HOMESITE BEFORE BEING ISSUED A CONSTRUCTION AUTHORIZATION. PRESENT OWNER SELLING PROPERTY SO NO CONSTRUCTION AUTHORIZATION ISSUED

The Department and Local Health Department may impose conditions on the issuance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation if the site plan, plat, or intended use changes (NCGS 130A-335 (f)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting, and repair (per rule .0301(a)).

Authorized State Agent: 1522 - Locklear, Cedric Date of Issue: 03/14/2025

Authorized State Agent Signature: Cedrick

Owner/Applicant Signature: \_\_\_\_\_