

IMPROVEMENT PERMIT



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

For Office Use Only	
CDP File Number:	<u>449248 - 1</u>
County ID Number:	<u>04015401079</u>
Evaluated For:	<u>NEW</u>

PERMIT VALID UNTIL: 02/14/2030

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

Applicant: LEWIS & CLARK LAND HOLDINGS
 Address: PO BOX 31319
 City: ALEXANDRIA
 State/Zip: VA
 Phone #: _____

Property Owner: MICHELITA DANZEY & IDREES DANZEY
 Address: 1908 LILLINGTON DR.
 City: SPRING LAKE
 State/Zip: NC
 Phone #: _____

Address: BOONDOCKS DR.
LAUREL HILL, NC Subdivision: _____ Block/Phase: _____ Lot: _____
 Road #: _____
 Township: _____
 Structure: SINGLE FAMILY
 # of Bedrooms: 3 # of People: 6
 Water Supply: NEW WELL

Property Location & Site Information

Directions

HWY 74W TR FRED CARTER RD. TL PEELE'S CHAPEL RD. TR BOONDOCKS DR. SITE ON R ACROSS FROM 21249 BOONDOCKS DR.

Initial System	System Specifications
Usable Soil Depth: <u>48"+</u>	Minimum Trench Depth: _____ <u>20</u> Inches
Saprolite System?: _____	Maximum Trench Depth: _____ <u>30</u> Inches
Design Flow: <u>360</u>	Fill Depth: _____ Inches
Soil Group: <u>II</u>	Septic Tank: _____ <u>900</u> Gallons
Soil Application Rate: <u>0.8</u>	Pump Required: _____
System Classification/Description: _____	Pump Tank: _____ Gallons
	Proposed System: <u>CONVENTIONAL</u>

TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Repair System Required: Yes

Repair System	System Specifications
Usable Soil Depth: <u>48"+</u>	Minimum Trench Depth: _____ <u>20</u> Inches
Soil Application Rate: <u>0.8</u>	Maximum Trench Depth: _____ <u>30</u> Inches
System Classification/Description: _____	Fill Depth: _____ Inches
<u>TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)</u>	Pump Required: _____
Proposed System: <u>CONVENTIONAL</u>	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.

OWNER MUST STAKE OFF PROPOSED HOMESITE AND THE LOT BEFORE A CONSTRUCTION AUTHORIZATION CAN BE 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: 02/14/2025

Authorized State Agent Signature: Cedric Locklear

Owner/Applicant Signature: _____