

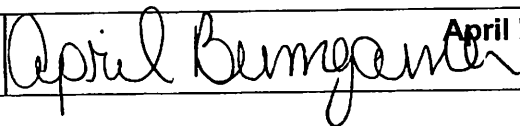
**115 WEST MAIN STREET - LINCOLNTON, N.C. 28092 - PHONE: (704) 736-8426 - FAX: (704) 736-8427**

See reverse for installation details.

INITIAL SYSTEM	Accepted	DIST	Pump to Pressure Manifold	TANK SIZE	1000	ST	1000	PT GALLONS
REPAIR SYSTEM	Accepted	DIST	Pump to Pressure Manifold	MAX # OCCUPANTS	8	# OF TRENCHES	4	
ABSORPTION AREA	436	TRENCH (WidthXLengthXDepth)	3	ft X	109	ft X	28	Inches on Lower Sidewall
UNEVEN LINE LENGTH INFORMATION CAN BE FOUND IN CONDITIONS IF APPLICABLE.								
TRENCH SPACING	9	(Minimum On Center)	AGGREGATE DEPTH	12	Inches	PRODUCT	Chambers or EPS	
MIN DISTANCE BETWEEN WATER SUPPLY AND SEPTIC			50	(IN FEET)	DESIGN FLOW	480	GPD	LTAR .275
CONDITIONS DO NOT INSTALL WHEN WET								

Notes: oDo not grade or fill within 15 feet of septic area. Doing so could result in suspension or revocation of permit.  
oAll components of the septic system must be located 50 ft. minimum from all private wells.  
oAll water lines must be located a minimum of 10 ft. from any part of the wastewater system.  
oThe invert of the sewer pipe exiting the structure should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field cannot be achieved.  
oFlow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.  
oFoundation drains shall be constructed not to discharge water onto or across any part of the wastewater system.  
oThe wastewater system shall be located 10 feet downslope from any foundation drain.  
oAll components of the septic system shall be installed in accordance with the required setbacks listed on the corresponding plot plan.

IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, AND WELL CONSTRUCTION PERMIT: EACH THE IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, AND WELL CONSTRUCTION PERMIT ARE SUBJECT TO REVOCATION IF SITE PLANS OR THE INTENDED USE ARE CHANGED FROM THOSE SHOWN ON THESE PERMITS. CHANGES FROM THE ABOVE PERMITS REQUIRE ENVIRONMENTAL HEALTH APPROVAL. THE INSTALLERS SHALL BE REQUIRED TO HAVE AN IMPROVEMENT PERMIT, CONSTRUCTION AUTHORIZATION (BOTH VALID FOR 60 MONTHS FROM DATE IMPROVEMENT PERMIT IS ISSUED), AND WELL PERMIT IF APPLICABLE BEFORE INSTALLING THE ABOVE SITE PLAN.

AUTHORIZED AGENT'S SIGNATURES:		April Bumgarner REHS	DATE:	6/22/2024
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