



IMPROVEMENT PERMIT

Montgomery County Health Department - Env
444 N. Main Street
Troy, NC 27371
Phone: (910) 572-8175

For Office Use Only

*CDP File Number: 448307 - 1
County ID Number: 7516 00 86 6388
Evaluated For: NEW

PERMIT VALID UNTIL: 02/10/2030

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

Applicant: Vincent Michael Keisler
 Address: 3006 RIVER FORKS RD
 City: SANFORD
 State/Zip: NC 27330
 Phone #: home: (919) 777-4306

Property Owner: FALLOW WYNNS LLC
 Address: 3006 RIVER FORKS RD
 City: SANFORD
 State/Zip: NC. 27330
 Phone #: home: (919) 777-4306

Property Location & Site Information

Address: 00 Robedo Road Mt Gilead, NC 27306 Subdivision: Block/Phase: NEW Lot:

Road #: **Directions**
New Tract 3 TBD Robedo Road in Mt Gilead NC 27306

Structure: SINGLE FAMILY
 # of Bedrooms: 4
 # of People: 8
 *Water Supply: NEW WELL

System Specifications

Initial System
 Usable Soil Depth: 42 Minimum Trench Depth: _____ Inches
 Design Flow: 480 Maximum Trench Depth: 26 Inches
 Soil Application Rate: 0.2500

*System Classification/Description: Septic Tank: 1000 Gallons
 TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS) Pump Required: Yes No May Be Required

*Proposed System: CONVENTIONAL Pump Tank: _____ Gallons

Repair System Required: Yes No No, but has Available Space

Repair System

Usable Soil Depth: 42 Minimum Trench Depth: _____ Inches
 Soil Application Rate: 0.250 Maximum Trench: Depth: 26 Inches

*System Classification/Description: Pump Required: Yes No May Be Required
 TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System: CONVENTIONAL Pump Tank: _____ Gallons

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

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.
***Permit Conditions**
Permit Issued for 4-BR Residential
Initial and Repair: Conventional

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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 location, installing, operation, maintenance, monitoring, reporting, and repair (per rule .0301(a)).

Authorized State Agent:

Johnson, Jessie

Date of Issue:

02/10/2025

Hand Drawing

Import Drawing

Site Plan/Drawing attached.

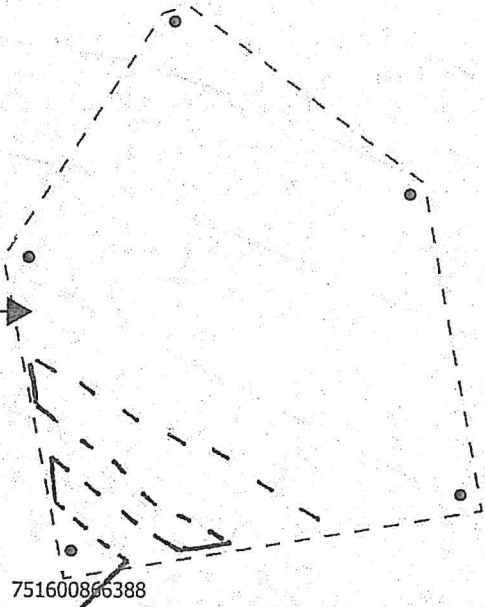
Total Time: (HH:MM)

_____ : _____

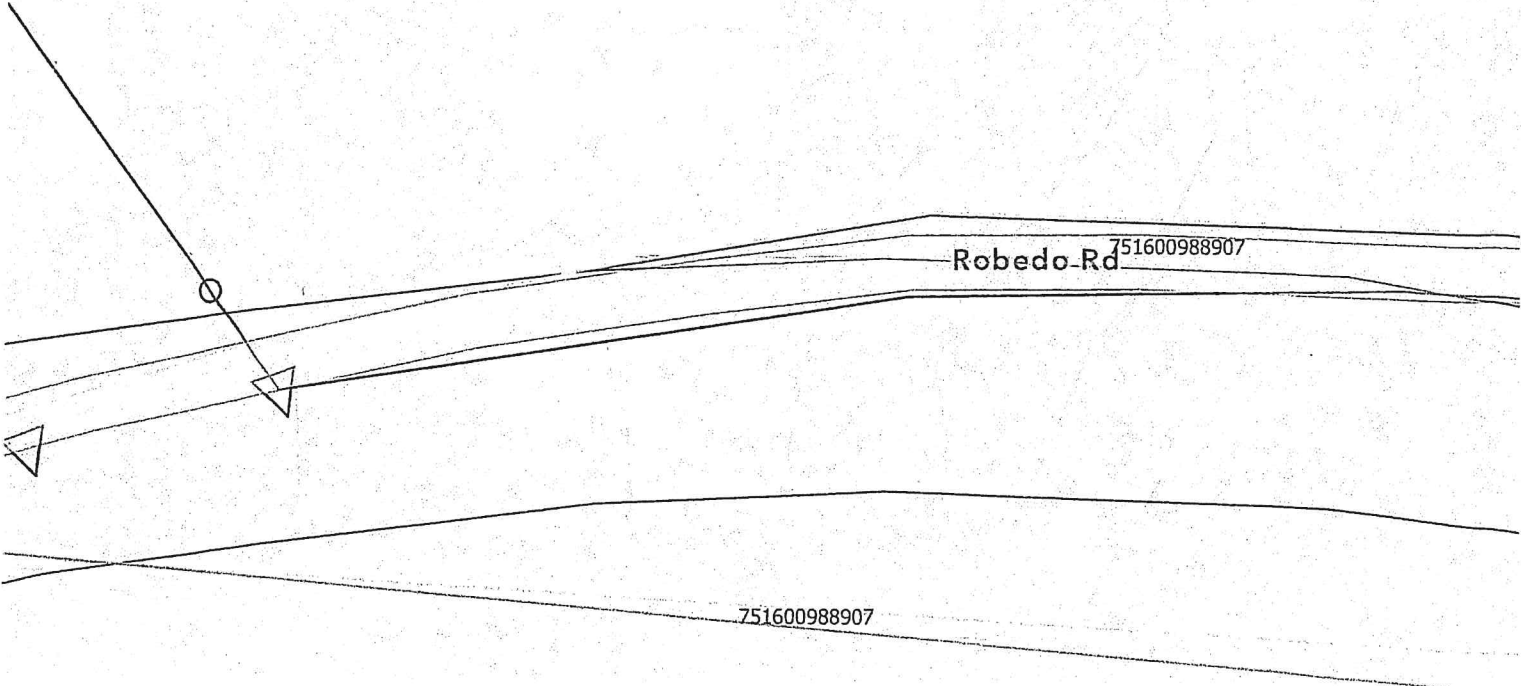
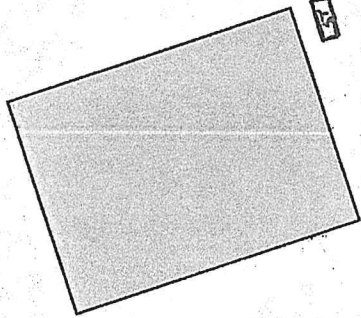
1 inch = 50 feet



CDP File #: 448307
Design Flow: 480 GPD
Initial: Conventional
Length: 640 feet
Width: 36 inches
Depth: 26 inches (max.)
Repair: Conventional



751600856388



Robedo Rd 751600988907

751600988907

1 inch = 150 feet



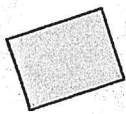
751600662488

Tract #3

751600780390

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CDP File #: 448307
Design Flow: 480 GPD
Initial: Conventional
Length: 640 feet
Width: 36 inches
Depth: 26 inches (max.)
Repair: Conventional



Robêdo Rd

751600988907

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