



IMPROVEMENT PERMIT

Robeson County Health Department

460 Country Club Road

Lumberton NC 28360

Phone: 910-671-3200 Fax: 910-671-3484

For Office Use Only Page 1 of 2
*CDP File Number 334786 - 1
County ID Number: 2611-01-001
Evaluated For: NEW

PERMIT VALID UNTIL: 11 / 23 / 2025

Fill Sheet CA?

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

Applicant: SETH CREECH 1ST DWELLING
Address: 3706 E HWY 76
City: MULLINS
State/Zip: SC
Phone #:

Property Owner: SETH CREECH
Address: 3706 E HWY 76
City: MULLINS
State/Zip: SC
Phone #:

Property Location & Site Information
Address lot LLC 3706 E HWY 76 Road # MULLINS SC
Subdivision: Phase: Lot:
Township: **Directions**
Structure: SINGLE FAMILY 130 OUT OF FAIRMONT TR RAYNHAM RD TL BOYD RD. SITE ON L
of Bedrooms: 3
of People: 6
*Water Supply: NEW WELL

Initial System **System Specifications**
*Site Classification: Provisionally Suitable
Saprolite System? Yes No
Design Flow: 360
Soil Group: III
Soil Application Rate: 0.55
*System Classification/Description: TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR
*Proposed System: CONVENTIONAL
Minimum Trench Depth: 20 Inches
Maximum Trench Depth: 20 Inches
Fill Depth: _____ Inches
Septic Tank: 900 Gallons
Pump Required: Yes No May Be Required
Pump Tank: _____ Gallons

Repair System Required: Yes No No, but has Available Space
Repair System
*Site Classification: Provisionally Suitable
Soil Application Rate: 0.55
*System Classification/Description: TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)
*Proposed System: CONVENTIONAL
Minimum Trench Depth: 20 Inches
Maximum Trench Depth: 20 Inches
Fill Depth: _____ Inches
Pump Required: Yes No May be 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**

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**

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 (.1938(b)).

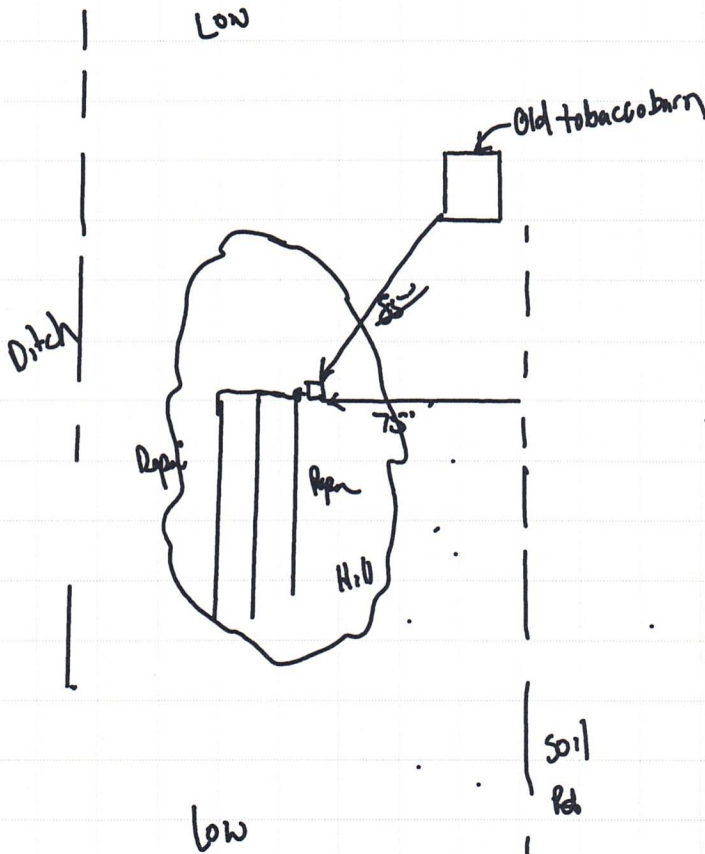
*Authorized State Agent: 1522 - LOCKLEAR, CEDRIC Date of Issue: 11 / 23 / 2020
Authorized State Agent Signature: Cedric Locklear
Owner/Applicant Signature: _____

****Site Plan/Drawing attached.****
 Hand Drawing Import Drawing

Chara Rema 75
Chara Rema 40

Drawing Drawing Type: Improvement Permit

Scale: _____ Inch Block = _____ ft. N/A



- Com. system w/ com. sepn
 - 900 gallon tank
 - 3.75" drain lines
 - install tank @ 4" above ground level
 - 20" trench depth or less
 - Owner must apply for a well permit
 - Improvement permit only issued until new owner stakes off proposed home site. Must contact the Health Dept.
 - Plans approved for a 3BR dwelling for both the (1st dwelling) by Ceh dock
- 11/23/2020

Boyd Pl