IMPROVEMENT PERMIT

Forsyth County Department of Public Health
Division of Environmental Health
799 North Highland Ave/P.O. Box 686
Winston-Salem, NC 271020686
Phone: (336) 703-3225 Fax: (336) 727-2183

For Office Use Only

*CDP File Number: 449372 - 1
County ID Number: P/O 6806149320
Evaluated For: NEW

PERMIT VALID UNTIL: 05/31/2030

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

Applicant:	LEE SMITH
Address:	387 CEDAR TRL
City:	WINSTON SALEM
State/Zip:	NC 27104
Phone #:	home: (704) 813-3813

Property Owner:	LEE SMITH
Address:	387 CEDAR TRL
City:	WINSTON SALEM
State/Zip:	NC. 27104
Phone #:	home: (704) 813-3813

Property Location & Site Information

Address: ROBINHOOD RD WINSTON SALEM, NC 27106
Subdivision:
Block/Phase: NEW
Lot: PO503E

Directions

Road#:
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 8
*Water Supply: PUBLIC

System Specifications

Initial System

Usable Soil Depth: 48
Saprolite System?: No
Design Flow: 480
Soil Application Rate: 0.3000
*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP
*Proposed System:
OTHER

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 34 Inches
Septic Tank: 1000 Gallons
1-Piece: ◯ Yes (X) No
Pump Required: (X) Yes ◯ No ◯ May Be Required
Pump Tank: 1000 Gallons
1-Piece ◯ Yes (X) No

Repair System Required: (X) Yes ◯ No ◯ No, but has Available Space

Repair System

Usable Soil Depth: 48
Soil Application Rate: 0.300
*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFI
*Proposed System:
OTHER

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 34 Inches
Pump Required: (X) Yes ◯ No ◯ May Be Required

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***Site Modifications**

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

***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.

Initial and repair systems must be installed at the same time in order to get 65% reduction from a T&J dual alternating drain field.

Site Plan ☑

The Improvement Permit shall be valid for 5 years from date of issue with a site plan (means a drawing not necessarily drawn to scale that shows the existing and proposed property lines with dimensions, the location of the facility and appurtenances, the site for the proposed Wastewater system, and the location of water supplies and surface waters).

Plat ○

The Improvement Permit shall be valid without expiration with plat (means a property surveyed prepared by a registered land surveyor, drawn to a scale of one inch equals no more than 60 feet, that includes: the specific location of the proposed facility and appurtenances, the site for the proposed Wastewater system, and the location of water supplies and surface waters. Plat also means, for subdivision lots approved by the local planning authority and recorded with the county register of deeds, a copy of the recorded subdivisions plat that is accompanied by a site plan that is drawn to

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 onditions, the rules, or this aritcle. 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).

Applicant/Legal Resps. Signature Required ? ○ Yes ○ No

Applicant/Legal Reps. Signature: _____ Date:

*Issued By: Pryor, Ashton Date of Issue: 05/31/2025

Authorized State Agent: Ashton Pryor ○ Valid without Expiration ?

○ Hand Drawing ☑ Import Drawing

****Site Plan/Drawing attached.****

Forsyth County Department of Public Health

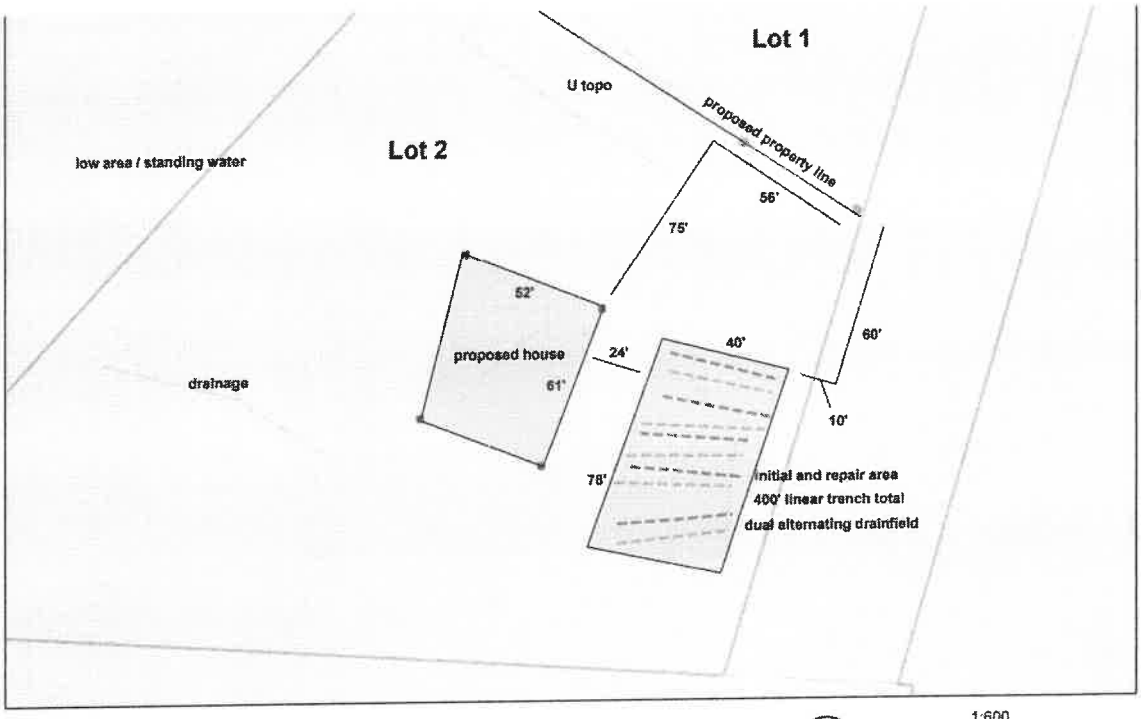
Improvement Permit

If the information on the Improvement Permit is falsified, changed or the site is altered, then the Improvement Permit shall become invalid.

Applicant's Name Lee Smith File# 449372 Application# _____
Site Address Robinhood Rd Lot Plo 5630 Block 3414
Subdivision _____ Phase/Section _____ PIN# 6806-14-9320
Directions to Site Head west on Robinhood Rd, turn left before Muddy Creek

EHS Name Ashton Pryor Issued Date 5-31-2025 Expiration 5-31-2030

NOTE: A BUILDING PERMIT SHALL NOT BE ISSUED WITH THIS PERMIT. AN AUTHORIZATION TO CONSTRUCT MUST BE ISSUED FIRST.



5/31/2025

Building Corner
Property Corner
Septic Line Proposed
Orange
Blue
Generic Line
TPV_Main - Legal Lot Lines
Parcels

1:600
0 0 0.01 0.02 mi
0 0.01 0.01 0.02 km

PERMIT SPECIFICATIONS

Scale:

Facility Type single family Proposed Waste Water System vert. PPBPS Daily Design Flow 480 gpd
Other Permit Specifications
Must install initial and repair system at same time for a dual alternating drainfield in order to get 65% reduction.

I have reviewed and hereby approve of this Improvement Permit. I understand that changes made to this site, including grading, clearing, house placement, driveway placement, utilities, well location, or plumbing stub out, may require changes in the location or design of the waste water system or could render the site unsuitable for a waste water system.

Applicant or Legal Representive's Signature _____