DAVIE COUNTY HEALTH DEPARTMENT

P. O. Box 848/210 Hospital Street Mocksville, NC 27028 (336)751-8760

Pl 6-27-05

Oakland Heights Lot # 7 & part of 6

US Highway 64-27028

IMPROVEMENT/OPERATION PERMIT

Tax PIN/EH #: 4798-86-6343

Subdivision Info:

Location/Address:

990003499

Billed To: Frank Davidson

Account #:

Reference Name:

DCHD 05/99 (Revised)

Proposed Facility Residence	Property Size: see map
ATC Number: 4000 **NOTE** This Improvement/Operation Permit DOES NOT authorize system. An AUTHORIZATION FOR WASTEWATER SY Department prior to the construction/installation of a system Article 11 of G.S. Chapter 130A, Wastewater Systems, Sec PERMIT IS SUBJECT TO REVOCATION IF SITE PI WASTEWATER SYSTEM CONTRACTOR MUST SE	STEM CONSTRUCTION must be obtained from this n or the issuance of a building permit (in compliance with tion .1900 Sewage Treatment and Disposal Systems). THIS LANS OR THE INTENDED USE CHANGE. YOUR
Residential Specification: Building Type HOUSE #Pec	ple 4 #Bedrooms 3 #Baths Z
Dishwasher: Garbage Disposal: Washing Machine:	Basement w/Plumbing: Basement/No Plumbing:
Commercial Specification: Facility Type #People	#People/Shift #Seats Industrial Waste:
Lot Size 0.87 Aclis Type Water Supply COUNTY Design Was	tewater Flow (GPD) 360 Site: New Repair
System Specifications: Tank Size 1000 GAL. Pump Tank GA	
Other: 5 DISTRIBUTION BOXES	3
Required Site Modifications/Conditions: KEEP 15 eff House	E, KEEP 10' OFF PROP. LINES, INSTALL ON
IMPROVEMENT/OPERATION PERMIT LAYOUT - APPROVED EFFLUENT FILTER. RISER(S) IF 6 "BELOW FINISHED GRADE. ****NOTICE: Contact a representative of the Davie County Health Department for final inspection of this system between 8:30 a.m. to 9:30 a.m. or 1:00 p.m. to 1:30 p.m. on the day of installation. Telephone # is (336)751-8760.****	
50' 15' 45' 45' 75 3BR 65'	* SET EJECTION PUMP FOR BASIMENT PLUMBING
4 HOUSE 65' x36' x12"	BASIEMENT PLUMBING
·	* MAX TRENCH DEPTH 28"
REPAIR	
AREA	
Environmental Health Specialist's Signature:	Dafe: 8 2/24/05.

DAVIE COUNTY HEALTH DEPARTMENT

Environmental Health Section P. O. Box 848/210 Hospital Street Mocksville, NC 27028 (336)751-8760

Tax PIN/EH#: 4798-86-6343

Oakland Heights Lot # 7 & part of 6 Subdivision Info: Reference Name: Location/Address: US Highway 64-27028 Proposed Facility Residence Property Size: see map ATC Number: 4000 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** **NOTE** This Authorization for Wastewater System Construction MUST BE ISSUED by the Davie County Environmental Health Section prior to issuance of any building permit(s). This Form/Authorization Number should be presented to the Davie County Building Inspections Office when applying for building permit(s) (in compliance with Article 11 of G.S. Chapter 130A, Wastewater Systems, Section .1900 Sewage Treatment and Disposal Systems). THIS AUTHORIZATION FOR WASTEWATER-CONSTRUCTION IS VALID FOR A PERIOD OF FIVE YEARS. Environmental Health Specialist's Signature: CERTIFICATE OF COMPLETION **NOTE** The issuance of this Certificate of Completion shall indicate the system described on Improvement/Operation Permit has been installed in compliance with Article 11 of G.S. Chapter 130A, Section .1900 "Sewage Treatment and Disposal Systems," but shall in NO WAY be taken as a guarantee that the system will function satisfactorily for any given period of time. Septic System Installed By: Environmental Health Specialist's Signature: Date:

Account #:

Billed To:

990003499

Frank Davidson