

Davidson County
Health Department
L. Layton Long, R.S., M.S.A.
Health Director

# NOTICE OF CONDITIONS ON THIS PERMIT FILE NUMBER

2009-531

This septic tank system requires a pump. A condition of this permit is that the pump is tested and approved before moving into the home or business. Your septic tank contractor will probably install your pump, but not wire it. This requires a licensed electrician and an Inspection by the building Inspector. This may create a lag time between the installation of the septic tank and when the pump can be tested.

#### YOU ARE RESPONSIBLE TO DO THE FOLLOWING:

- ---Fill the pump tank (tank with the manhole) with water up to the first float on the pump pipe; this can be done with a garden hose.
- --- Provide a drop cord to run the pump.
- --- Call the Health Department when this is done.

#### DO NOT WAIT UNTIL YOU ARE READY TO MOVE IN TO DO THIS!

You can not get final electrical power or move in until this is done and there can be problems or changes that must be made.

NAME	DATE	
Clipton Chy Coffe	DATE 1-14-10	-
Owner/Authorized Agent		******

## **Davidson County Health Department**

### **Improvement Permit**

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

Permit is Valid for	Five Years No Expi	iration Date	
ate Rec: 06 Nov 2009	Map Code:	File No: 200900	0531
pplicant: COFFEY , CLAYTON CHEVY	Address: 520 GOINS DR THOMASVILLE NC 27360	<b>Daytime Phone:</b> 3368708000	
wner/Legal Representative: COFFEY, CLAYTON CHEVY	Address: 520 GOINS DR THOMASVILLE NC 27360	<b>Daytime Phone:</b> 3368708000	
ubdivision: oad Name: US HWY 64 E	Map: 15 Lot: 21 Directions to Property: U	H Section: Townsl US HWY 64 E TO 4100 US HWY	
acility Type: OTHER New: X	Repair: Expansion:	Water Supply: Mu	unicipal-Existing
o. of Bedrooms: No. of Occ	upants: Basement:	Basement Fixtures:	
o. of Employees: 37 Other: I	EQUIP SALES/REPAIR Projected Dai	ily Flow: 100 apd	
Pump: Yes X No Propo	sed Wastewater System Type: 1116	(Puny to Conv)	_
Permit Conditions:			
		1111	- management of the second
Permit Granted: Permit Denie	d: Authorized State Agent: /	Variat 1) Care	Date: ///T
Owner/Legal Representative's Signature	MA on an	enues of reen	Date: /-/4-10
What Zegui Nepresentati ye s Siguitan			-
Auth	orization to Construct Wastewater Syst	tem	
The Authorization for Wastewater System			nded use of the pro
changes, or if the site is altered or is misre			
Type of Wastewater System:	Pump to Conv.)	Projected Daily Flo	w: 100cpe
			8
	Wastewater System Requirements		
Tank Size: $\geq 900$ for $       $	Pump Tank Size: $\geq 900$	Square Footage:	330
Trench Length:	Max. Trench Depth: 24"	Trench Width:	36"
No. of Trenches: OM //	Aggregate Dep	1011 ( . 411	1)
Permit Conditions: Interest	I on contour. M.	airtain all so	Horeko
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	la l		и ж
	See Site Plan / Plat On Attached Sho	eet / / /	
Permit Granted: Permit Denie		Vent la nous	Date: 14 Tou !
Owner/Legal Representative's Signatur	e: Clasta Cha Colle		Date: /-/4-/