# DAVIE COUNTY HEALTH DEPARTMENT IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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\*NOTE: Issued in Compliance with G.S. of North Carolina Chapter 130 Article 13c Sewage Treatment and Disposal Rules (10 NCAC 10A .1934-.1968) **Permit Number** 4051 Subdivision Name Lot No. Sec. or Block No. Lot Size House Mobile Home Business \_ No. Bedrooms . No. Baths \_ No. in Family'. Garbage Disposal YES [ NO T Specifications for System: YES 🖂 NO 🗆 Auto Dish Washer Auto Wash Machine NO 🗆 YES 🗀 Type Water Supply \*This permit Void if sewage system described below is not installed within 36 months from date of issue. Improvements permit by \_ Contact a representative of the Davie County Health Department for final inspection of this system between 8:30-9:30 A.M. or 1:00-1:30 P.M. on day of completion. Telephone Number: 704-634-5985. System Installed by Final Installation Diagram: Certificate of Completion Date The signing of this certificate shall indicate that the system described above has been installed in compliance with the standards set forth in the above regulation, but shall in NO way be taken as a guarantee that the system will function

satisfactorily for any given period of time.

## DAVIE COUNTY HEALTH DEPARTMENT

Environmental Health Section P. O. Box 665 Mocksville, N.C. 27028

### SOIL/SITE EVALUATION

Date	3		
Lot	Lot Size 242X/15		
AREA 2	AREA 3	AREA 4	
S PS U	S PS U	S PS U	
S· PS U	S PS U	S PS U	
S PS U	S PS U	S PS U	
—Provisionally	y Suitable		
	Date	e 9/25	
i Š			
: :	1	Date	

#### APPLICATION FOR SITE EVALUATION/IMPROVEMENTS PERMIT

**Davie County Health Department Environmental Health Section** P. O. Box 665 Mocksville, N.C. 27028

br. d-18-82

#### CONSTRUCTION SHALL NOT BEGIN UNTIL IMPROVEMENTS PERMIT HAS BEEN ISSUED.

	$A \wedge A \cap A$		ome Phone
1. Permit Requested E	By Mary D. Boggs		usiness Phone <u>998-42/8</u>
2. Address	Rt. 11 Box 384 X	diance, NC 270	06
3.) Property Owner if E	يرم كلا كالإ	e m 2000	<u> </u>
Address	3 Box 251	· •	770
4. Permit To: a) Install.	Alter Repair		
b) Privy_	Conventional V Other Type_		
•	Ground Absorption		<b>₹</b>
	Division Stimson tarx- sec -	Lot No. 13	_
5. System used to sen	ve what type facility: House_V Mo IndustryC		\$S
b) Number of peopl	^	70101 <u> </u>	
	e home, state size of home and nu	mber of rooms	
	sions $28' \times 50'$	mber of rooms.	
	3 Bath Rooms 2 Den v	- u/Clooot	
	stry or Other, State: Number of pers		
	iness, etc.		
	int of waste daily (24 hours)		
	• • • • • • • • • • • • • • • • • • • •		
7. Number and type of	_		and an all and and
	2 urinals showers <b>J</b>	7	garbage disposal
· · · · · · · · · · · · · · · · · · ·			washing machine
	ly: Public Private	•	
b) Has the water su	pply system been approved? Yes_1	<u> </u>	-
	ions 242' × 115'		
b) Land area design	nated to building site		
c) Sewage Disposal			A/
<ol><li>Do you anticipate a</li></ol>	ny additions or expansions of the f	acility this sewage system	em is intended to serve? _/V0
What type?		• .	
. Т	his is to certify that the information	is correct to the best o	f my knowledge.
v d 1	1. 85	x Danil m	1711an
^	Date	Owner S	Signature
OWNER IS	S SOLELY RESPONSIBLE FOR COI	MPLIANCE WITH ALL S	STATE AND LOCAL LAWS
O		s for processing	
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Directions to property:			right off Redland on

Hwy 801 - go approx 4 mi past 5th house on the right - turn right between 2 brick houses Lot is directly behind brick house on left