IMPROVEMENT PERMIT

Davie County Health Department 210 Hospital Street

P.O. Box 848

Mocksville

*Proposed System: 50% REDUCTION

NC 27028

Phone: 336-753-6780 Fax: 336-753-1680

For Office Use Only

*CDP File Number 359357 - 1

County ID Number: 5728067335

Evaluated For:

NEW

Township: Callahan

		Phone: 336-	153-61	80 Fax: 336-7	53-1680		PERMIT	VALID UN	NTIL:	7/2	1/2026	
NOTE .	TO INSPECT	TIONS DIVIS	ION: I	Building Perm	nits canno	ot be issued wit						
	Applicant:	Allen Fau	sch Jr			Property Own	er: Jeri	y Murc	dock	(
	Address: 7291 Shallowfordd Road					Address:	2 Charter Place					
	City: Lewisville				City: Thomasvi			lle				
	State/Zip: NC		27023		State/Zip: NC					27360		
	Phone #: (336) 408-5060					Phone #:						
			Pro	perty Locat	ion & Si	ite Information	on .					
	ess/Road #: wks Trail			Subdivision:	Hawks L	anding	Pł	nase:			Lot: 3	
Мо	cksville	NC :	27028		Dire	ctions						
Struct	ture:	SINGLE FA	AMILY			West						
# of Bedrooms: XII QW					TLo	TL onto Greenhill Rd						
# of People: 4 4/3/13/					TR	TR McAllister Rd						
		NEW WELL			TR	onto Hawks T	rail					
vvale	a Supply.	NEW WELL										
				Syster	n Speci	<u>fications</u>						
*Site	nitial Syste Classification	em Provisiona	lly Suitab	ماد								
One v	Olassilloatioi	i. Fiovisiona	ily Sultab	iic	Ν	linimum Trench	Depth:		3	4	Inches)
Sapro	prolite System? Yes X No)	M	aximum Trench Depth:			3		Inches		
Desig	n Flow:	4	8 0	_	S	eptic Tank:	,	1	Ø	Ø	Ø Gallons	
Soil A	pplication Ra	ate: Ø	2 2	5		1-Piece:		○ Yes	0	No		
					Р	ump Required:		○Yes	0	No	⊗ May Be Requi	ired
*System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS						ump Tank:					Gallons	
*Prop	*Proposed System: 25% REDUCTION					1-Piece:		○ Yes	0	No		
Repa	ir System Re	quired: \otimes Y	es O	No ONo, b	out has A	vailable Spac	се					
Re	epair Syste	em										
*Site Classification: Provisionally Suitable				M	Minimum Trench Depth:			4	4	Inches		
Soil A	pplication Ra	ate: Ø .	22	5	N	laximum Trench	Depth:		4	6	Inches	
*System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS					Р	ump Required:		○Yes	0	No	⊗ May be Req	uired

CDP File Number: 359357 - 1 Davie County Health Department 210 Hospital Street County File Number: 5728067335 P.O. Box 848 Date: ____/ ____/ Mocksville NC 27028 Scale: _____ O Inch O Block O N/A **Drawing** Drawing Type: Improvement Permit TREE LINE REPAIR PROPERTY OVERVIEW 50 SEPTIC AREAS SHOULD REMAIN 28 40 O'OFF PROPERTY LINES W VNSUITABLE, PITS INITIAL 40 4-7 38, ųì 26 158 50 ROADWAY EASEMENT HAWKS TRAIL RUNWAY EASEMENT 30 401

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