

ALAMANCE COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION



Improvement Permit- New

A Construction Authorization must be purchased to obtain a building permit (This is not a Construction Authorization)

Tax Map Number 8-24-176		GPIN 8777861480	Application Date 0 7/22/2016		ate	Permit Number 3580IMPR16	
Site Address		0 QUAKENBUSH RD. , SNOW CAMP, NC 27349 DAVID E. COVINGTON SUBDIVISION LOT # 1					
Directions	SNOW CA	MP RD LEFT ON V	WORKMAN RD LEFT ON QU	JAKENBUSH, PROPE	RTY ON RIGHT	APPROX 1 MILE	
Requestee GRIFFEN LARRY PO BOX 784 SNOW CAMP, NO Phone (336) 376-3053 Fax		784 AMP, NC 27349 26-3053	4 IP, NC 27349 3053		Owner COVINGTON DAVID EUGENE & VICKY P O BOX 793 SNOW CAMP, NC 27349 Phone Fax		
Other Email	(336) 380-5912 scfarmgirl06@gmail.com			Other Email			
Type of Structure		HOUSE		Basement		No	
Pump Required		Yes		Basement	Plumbing	No	
Grease Trap Required		No		Number of Bedrooms		2	
Projected Daily Flow		240 GPD		Number of	Occupants	2	
Permit Valid For		Expires 9/12/2021		Type of Wa	ater Supply	Well	
Wastewater System Type		pe	Pump Type IIIb				
System Description			Pump to Conventional System with Shallow Placement				
System Distribution			PRESSURE MANIFOLD				
Repair System Type			Pump Type IIIb				
Repair Description			Pump to Conventional System with Shallow Placement				
Repair System Distribution			PRESSURE MANIFOLD				

Other: DO NOT CUT OR FILL SOIL IN SEPTIC AREA. KEEP DISTURBANCE TO MINIMUM IF CLEARING VEGETATION IN SEPTIC AREA, CONSULT WITH HEALTH DEPARTMENT BEFORE DOING ANY WORK IN AREA. TOO MUCH SOIL DISTURBANCE MAY RESULT IN REVOCATION.

All pump designs and installations shall be in accordance with the Laws and Rules for Sewage Treatment, and Disposal Systems 15A NCAC 18A .1900 subject to approval by Alamance County Health Department.

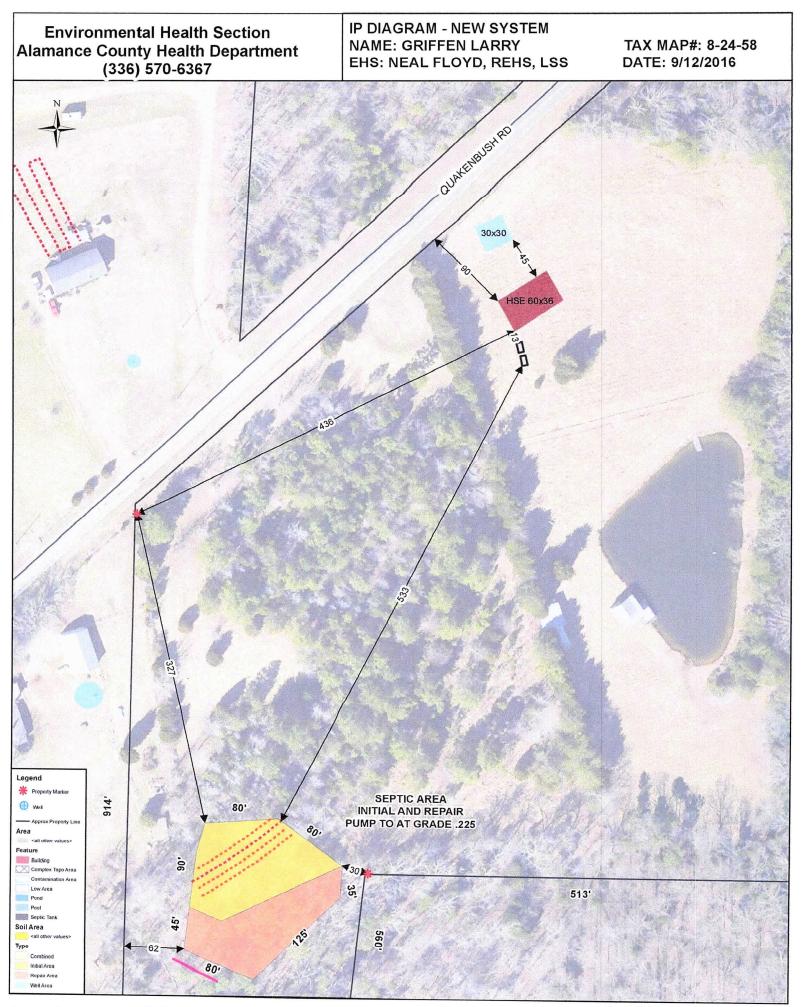
See Attached Site Sketch

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. This permit is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal of the North Carolina Administrative Code and to conditions of this permit.

Authorized State Agent

Neal Floyd

Date 9/12/2016



Drawn By : RPS

This Map is the best representation of field data based on information supplied to ACHD and is accurate within the limits of our equipment. This is not a survey map. Property Lines must be clearly marked in the field by the property owner prior to work on the well and septic system.

Date Printed: 9/12/2016 1 inch = 100 feet