



# CONSTRUCTION AUTHORIZATION

Davie County Health Department

210 Hospital Street

P.O. Box 848

Mocksville

NC 27028

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

For Office Use Only

\*CDP File Number 244699 - 1

County ID Number: 5860109817

Evaluated For: **EXPANSION**

Township:

PERMIT VALID UNTIL:

1 0 / 1 9 / 2 0 2 2

Applicant: Sherrie Smith

Address: 486 Howardtown Rd

City: Mocksville

State/Zip: NC 27028

Phone #: (336) 251-5262

Property Owner: Sherrie Smith

Address: 486 Howardtown Rd

City: Mocksville

State/Zip: NC 27028

Phone #: (336) 251-5262

## Property Location & Site Information

Address/Road #:

486 Howardtown Road

Mocksville NC 27028

Subdivision:

Phase:

Lot:

## Directions

Hwy 158 east, right on Howardtown Rd.

Structure: SINGLE FAMILY

# of Bedrooms: 4

# of People:

\*Water Supply: EXISTING WELL

## System Specifications

\*Site Classification: Provisionally Suitable

Saprolite System? ☐ Yes ☒ No

Design Flow: 4 8 0

Soil Application Rate: 0 . 1 5

\*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

\*Proposed System: 25% REDUCTION

Nitrification Field 8 0 0 Sq. ft.

No. Drain Lines 2

Total Trench Length: 2 0 0 ft.

Trench Spacing: 9 ☐ Inches O.C. ☒ Feet O.C.

Trench Width: 3 ☐ Inches ☒ Feet

Aggregate Depth:        inches

Minimum Trench Depth: 3 6 Inches

Minimum Soil Cover: 2 4 Inches

Maximum Trench Depth: 3 6 Inches

Maximum Soil Cover: 2 4 Inches

\*Distribution Type: GRAVITY - SERIAL

Septic Tank:        Gallons

1-Piece: ☐ Yes ☒ No

Pump Required: ☐ Yes ☒ No ☐ May Be Required

Pump Tank:        Gallons

1-Piece: ☐ Yes ☐ No

       GPM--vs--        ft. TDH

Dosing Volume:        Gallons

Grease Trap:        Gallons

Pre-Treatment: ☐ NSF ☐ TS-I ☐ TS-II

Septic Tank Installer Grade Level Required: ☐ I ☐ II ☐ III ☐ IV

☐ Open Pump System SheetRepair System Required: ☒ Yes ☐ No ☐ No, but has Available Space**Repair System**

\*Site Classification: Provisionally Suitable

Design Flow: 4 8 0

Soil Application Rate: 0 . 1 5

\*System Classification/Description:  
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

\*Proposed System: 25% REDUCTION

Nitrification Field 3 2 0 0 Sq. ft.

No. Drain Lines 8

Total Trench Length: 8 0 0 ft.

Trench Spacing: \_\_\_\_\_ - 9 ☐ Inches O.C.  
☒ Feet O.C.Trench Width: \_\_\_\_\_ - 3 ☐ Inches  
☒ Feet

Aggregate Depth: \_\_\_\_\_ inches

Minimum Trench Depth: 3 6 Inches

Minimum Soil Cover: 2 4 Inches

Maximum Trench Depth: 3 6 Inches

Maximum Soil Cover: 2 4 Inches

\*Distribution Type: GRAVITY - SERIAL

Pump Required: ☐ Yes ☐ No ☐ May Be RequiredPre-Treatment: ☐ NSF ☐ TS-I ☐ TS-II**\*Site Modifications**

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

Characters  
Remaining

750

**\*Permit Conditions**

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.

Characters  
Remaining

2000

This Authorization for Wastewater System Construction shall be valid for a person equal to the period of validity of the Improvement Permit, not to exceed five years, and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization is found to have been incorrect, falsified or changed, or the site is altered, the permit or Construction Authorization shall become invalid, and may be suspended or revoked (.1937(g)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting and repair (1938(b)).

Applicant/Legal Reps. Signature Required? ☐ Yes ☒ No

Applicant/Legal Reps. Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*Issued By: 2140 - Nations, Robert Date of Issue: 1 0 / 1 9 / 2 0 1 7

Authorized State Agent: \_\_\_\_\_ Malfunction Log ☐ Yes☒ Hand Drawing ☐ Import Drawing  
**\*\*Site Plan/Drawing attached.\*\***

**CONSTRUCTION AUTHORIZATION**

Davie County Health Department

210 Hospital Street

P.O. Box 848

Mocksville

NC

27028

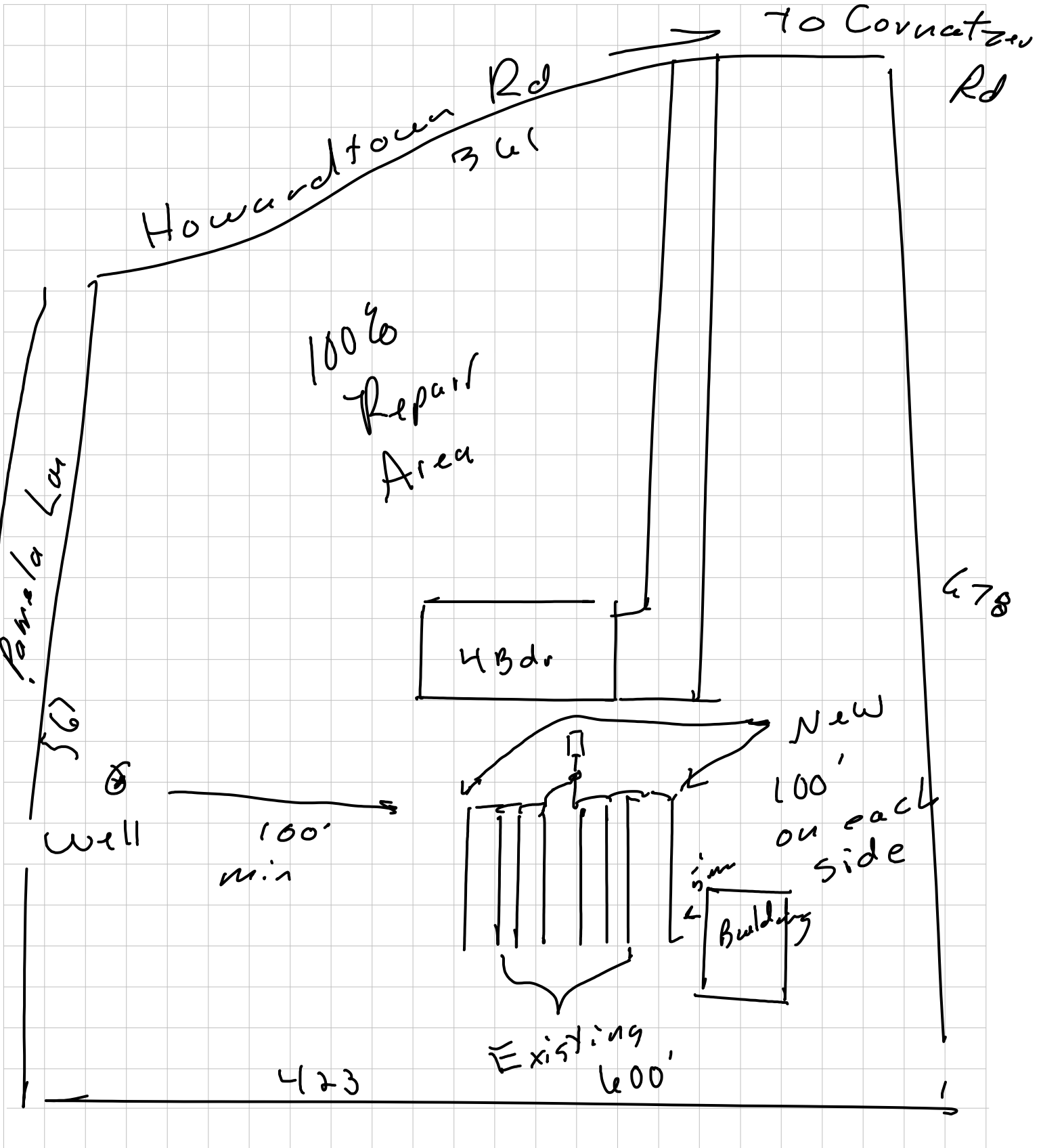
CDP File Number: 244699 - 1

County File Number: 5860109817

Date: 10 / 19 / 2017

**Drawing** Drawing Type: Construction Authorization

Scale: \_\_\_\_\_  
☐ Inch  
☐ Block = \_\_\_\_\_ ft.  
☐ N/A



# CONSTRUCTION AUTHORIZATION

Davie County Health Department

210 Hospital Street

P.O. Box 848

Mocksville

NC

27028

CDP File Number: 244699 - 1

County File Number: 5860109817

Date: 10 / 19 / 2017

Click below to import an image from an external location: Drawing Type: Construction Authorization