## <u>Davidson County Health Department</u> Improvement Permit

If the information on the Improvement Permit is falsified, changed, or the site is altered, then the Improvement Permit shall become invalid **No Expiration Date** Permit is Valid for Five Years 2021000902 File No: Map Code: **Date Rec:** 20 Oct 2021 **Daytime Phone:** Address: **Applicant:** 3025473801 2908 EASTWAY DR RYERSON, CRAIG STATESVILLE NC 28625 **Daytime Phone:** Address: Owner/Legal Representative: 404 OLIVIA DR HONEYCUTT, RICHARD **LEXINGTON NC 27295 Section:** Township: 11 325 Lot: Map: **Subdivision:** 2047 OLIVIA DRIVE (2ND SITE FOR THIS PARCEL) **Directions to Property: OLIVIA DRIVE** Road Name: Water Supply: Municipal-Existing New: X **Expansion: HOUSE** Repair: **Facility Type:** NO NO **Basement Fixtures: Basement:** No. of Occupants: 4 No. of Bedrooms: Projected Daily Flow: 480 GPS Other: No. of Employees: Proposed Wastewater System Type: \_\_\_\_ (Convention Pump: Yes \_\_\_ No \_x **Permit Conditions:** Authorized State Agent: Jusa **Permit Denied:** Permit Granted: ~ Owner/Legal Representative's Signature: **Authorization to Construct Wastewater System** The Authorization for Wastewater System Construction is subject to revocation if the site plan or plat changes, the intednded use of the prope changes, or if the site is altered or is misrepresented in any way. **Projected Daily Flow:** Type of Wastewater System: Wastewater System Requirements **Square Footage: Pump Tank Size:** Tank Size: Trench Width: Max. Trench Depth: **Trench Length: Aggregate Depth:** No. of Trenches: **Permit Conditions:** See Site Plan / Plat On Attached Sheet Date: **Authorized State Agent: Permit Granted:** Owner/Legal Representative's Signature:

