

Rockingham County Department of Public Health

Permit Number A1050499-01

☐ Authorization for Wastewater System Construction (Expires five years from date of issuance of Improvement Permit)
☒ Operation Permit ☒ System Classification Type ☒ Authorization to Connect to Wastewater System

TAX-PIN NUMBER: 79770062432700

APPLICANT NAME: SECOR

MARION

A

PROPERTY INFORMATION

Road Name: 119 ROACH ROAD
Subd/Park:
Section :
Lot # :

Lot Size : 1

Expiration Date : N/A

OWNER INFORMATION

ERIC ROACH
C/O 119 ROACH ROAD
REIDSVILLE NC 27320

Water Supply : MUNICIPAL

--- TRANSFERABLE ---

87 N, LEFT ON ROACH ROAD, 1ST DRIVE ON RT. (4TH BEDROOM TO BE
TURNED INTO STUDY - WILL TAKE OUT CLOSET)

House	#bedrooms	Permit subject to revocation if site plans/intended use changes.	LAYOUT	SPECIFICATIONS	INSTALLED
<input checked="" type="checkbox"/> Mobile Home	<input type="checkbox"/> #people		<u>E</u>	Tank size <u> </u> / # <u> </u>	<u> </u>
<input type="checkbox"/> Business	<input type="checkbox"/> #bath		<u>X</u>	Drainfield sq ft <u> </u>	<u> </u>
<input type="checkbox"/> Apt/Condo	<u>NO</u> <input type="checkbox"/> basement			Water Supply <u> </u>	<u> </u>
<input type="checkbox"/> Other <u> </u>	<input type="checkbox"/> basement w/ plumbing	INSTALLER <u> </u>	<u>1</u>	# of lines <u> </u>	<u> </u>
TYPE SYSTEM		INSTALLATION CONDITIONS <u> </u>	<u>5</u>	Total length of lines <u> </u>	<u> </u>
<input type="checkbox"/> New	<input type="checkbox"/> Conventional	<u> </u>	<u>5</u>	Trench depth <u> </u>	<u> </u>
<input type="checkbox"/> Repair	<input type="checkbox"/> L.P.P.	<u> </u>	<u>T</u>	Trench width <u> </u>	<u> </u>
	<input type="checkbox"/> Sand Filter	<u> </u>	<u>1</u>	Depth of rock below pipe <u> </u>	<u> </u>
	<input type="checkbox"/> Pit Privy	<u> </u>	<u>1</u>	Total rock depth <u> </u>	<u> </u>
	<input type="checkbox"/> Other <u> </u>	<u> </u>	<u>1</u>	Distance to foundation <u> </u>	<u> </u>
		<u> </u>	<u>N</u>	Distance to property lines <u> </u>	<u> </u>
		<u> </u>	<u>G</u>	Distance to well <u> </u>	<u> </u>
		<u> </u>		Zoning jurisdiction <u> </u>	<u> </u>
		<u> </u>		Water Shed <u> </u>	<u> </u>
IMP Name <u> </u>	Date <u> </u>				

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

OPERATION PERMIT

[Signature]

Signed: _____ Date: _____

O.K. to use existing system
for 3 bedroom home.

[Signature]

Signed: _____ Date: 5/20/99