Davidson County Health Department Improvement Permit

If the information on the Impre	rement Permit is fabrified, changed,	or the site is altered, then the improvemen
Persuit is Valid 5		
Date Rec: 08 Dec 2015	THE REAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF T	ration Date
	Map Code:	File No: 2015000620
Applicant:	Address:	Desta War
BEANE, SCOTT	3413 OLD MOUNTAIN RD TRINITY NC 27370	Daytime Phone: 3366870831
Owner/Legal Representative: NICHOL, BYRON A HEIRS	Address: 6000 FOREST CREEK CIR WILMINGTON NC 28403	Daytime Phone:
Subdivision: ARBOR ACRES		
Road Name: ARBOR DRIVE	Map: 18F Lot: 24 Directions to Property: EAS	Section: A Township: 05 IT CENTER ST EXT T/R ARBOR DR LOT ON RE
Facility Type: H New:)		
No. of Bedrooms: 3 No. of Oc	Capanter 1	Water Supply: Municipal-Existing
No. of Employees: Other:	and the state of t	NO Basement Fixtures:
D	Projected Daily sed Wastewater System Type: III 9	Flow: 360 680
Permit Granted: 17 Permit Denie	men+s 122	
Owner/Legal Representative's Signature	Authorized State Agent:	Date: 2-15-1
	The state of the s	Date:
Written Report and Notification o	f an Improvement Permit Denial	
was denied due to:	8A.1937(1), the aforementioned property wa	s evaluated pursuant to this section and the permit
a) Unsuitable topography		
b) Unsuitable soil.1941	and unuscape position 1940d) Inadequate and depth.1943
	The state of the s	Inadequate space. 1945
c) Soil Wetness Condition	1947	Other
2. Suggestions, Modifications, or Al	ternatives (if available)	
3. This permit denial may be appealed	d to the State by th efollowing methods:	
A. Request an informal review by	the Dept. of Environmental and Natural Re	
D. Acquest an opportunity to eath	as animal C	
C. Appeal the decision under G.S.	ter scientific data and system design on this burces at P.O. Box 27687, Raleigh, N.C., 27 130A-24 and have this appeal held in Dav	611-7687.
Note: for appeal ontions (a)	r (c) places and the disappear field in Day	idson County.
4. If no informal review, technical revi	r (c) please contact the Health Departme	ent for the appropriate forms.
property is denied and Improvement	ew, or appeal to the Office of Administrative Permit by the Davidson County Health De	ent for the appropriate forms. We Hearings is requested within 30 days, this spartment at this time.
	Site Plan / Plat on Assault and	

See Site Plan / Plat on Attached Sheet