

DAVIDSON COUNTY HEALTH DEPARTMENT

230 MARTIN Pd. A.C. \$3000
MAP CODE: 6C-4C 10-30-97

DATE REC.: 10-23-97

MAP CODE: 6C-4C

10-30-97

FILE NO.:

97 / 1873

SINK CHRIS

60.00

13 MIDWAY

RECEIVED FROM

AMT. PD.

TOWNSHIP

9293 OLD US HWY 52

LEXINGTON

NC

27295

(910) 764-1417

ADDRESS

CITY

ST.

ZIP

PHONE

HAYES GERALD

21

113

CURRENT PROPERTY OWNER

SUBDIVISION

MAP

LOT

SEC.

Property Located: Road

MIDWAY SCH

Directions to Property:

OLD 52N RT MIDWAY SCH 1/3 MI RT IN DRIVE

ACROSS FROM SHADY OAKS GARDEN CTR

IMPROVEMENT PERMIT

Not Approved for Building Permit

New Repair Addition Structure H JEH
No. Occupants _____ No. Bedr. 3 No. Empl. _____ Shifts _____
Basement _____ Basement Fixtures _____
Septic Tank 900 Gal. Pump Tank _____ Gal.
Grease Trap _____ Gal. No. of Lines 1
Length of Lines 400 Line Width 3
Nitrification Field 1200 Sq. Ft. Stone Depth 6ft6
Water Supply PUBL System Classification II
Lot Size: F _____ L _____ B _____ R _____
Set Back: F _____ L _____ B _____ R _____
Conditions: _____

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

see attachment 'A'

Issued By: [Signature] Date 10-20-97
Owner/Agent: [Signature] Date 10-30-97

NOTICE: Construction authorization valid for the period of validity of the improvement permit, not to exceed 5 years and is not transferrable to subsequent owners.

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.

This permit may not be altered without written permission from an authorized representative of the Davidson County Health Department. This permit and/or Construction Authorization is subject to revocation if site plans or the intended use changes.

I understand the requirements of this permit. The information I have provided is accurate to the best of my knowledge.

Permit Expires: 10-28-02

Permit Granted Permit Denied (See Reverse)

State Agent: [Signature] Date 10-28-97

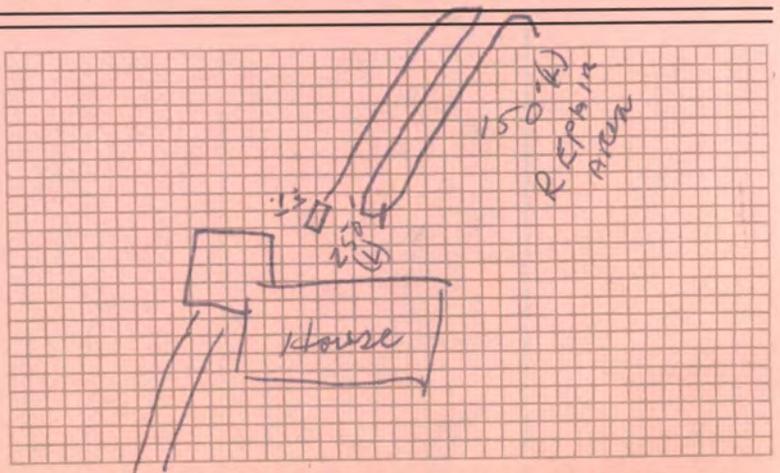
Owner/Agent: [Signature] Date 10-30-97

Approved Denied Operation Permit
Date 9-30-98

State Agent: R. Hank Sowers R.L.

Installer: Martin S.T. Shop 1000 (7-11)

add 400' on contour, on grade over dam



NOTICE: This operation permit is issued subject to all the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, of the North Carolina Administrative Code. No person is permitted to make alterations in the design or use of this system other than its designated use without approval of an authorized state agent. This approval indicates that this system has been installed in compliance with the standards set forth in the above rules, but shall no way be taken as a guarantee that the system will function satisfactorily for any given period of time.

WHITE AND YELLOW COPIES - HOME OWNER
PINK - FILE COPY

See Important Information on Reverse

Attachment A

Chris Sink

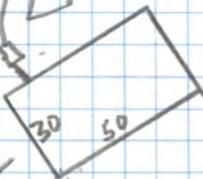
97/1873

1" = 60'

Poplar Tree

Repairs Area 3

Typ II
SLAIR

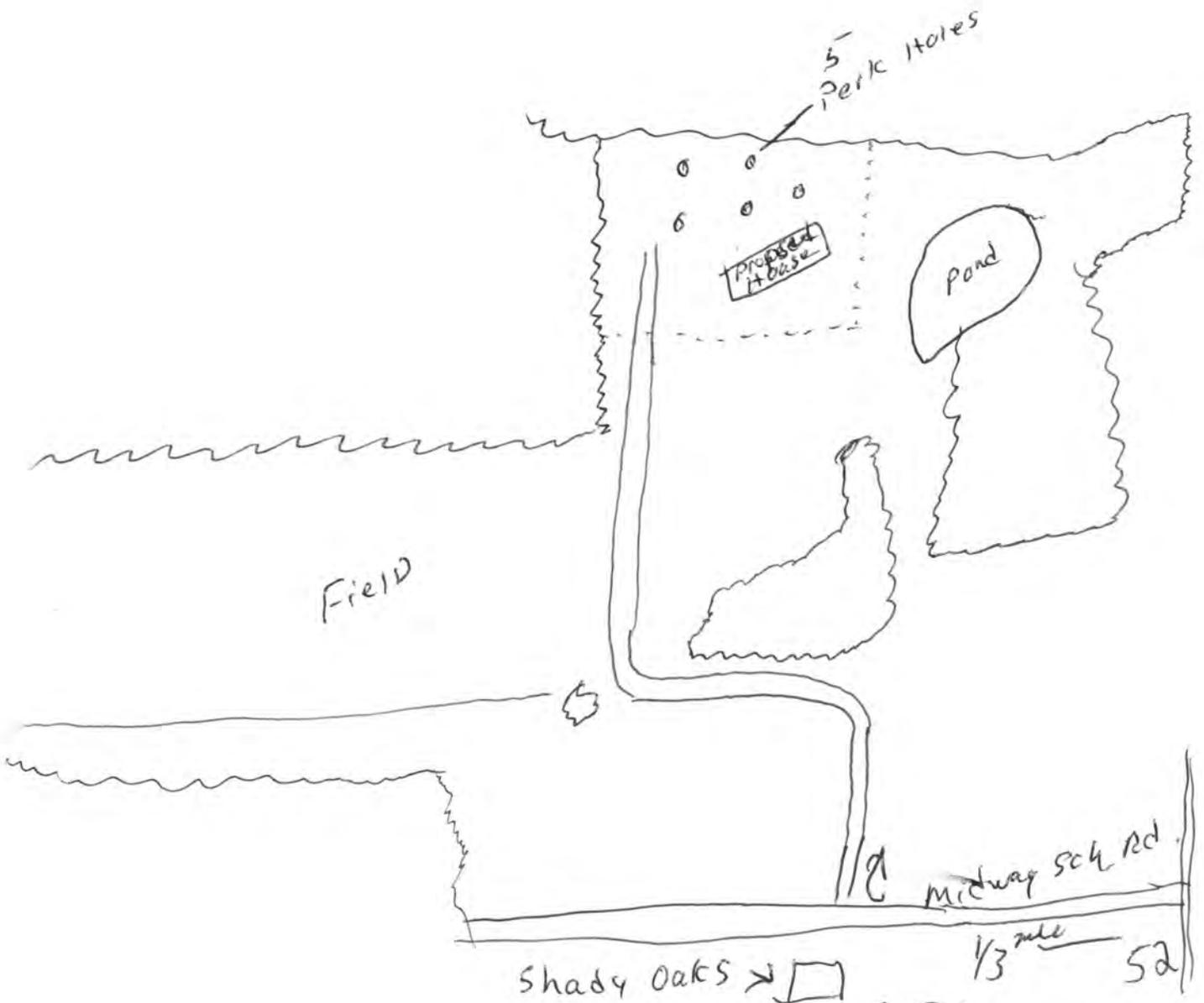


4.79.90

PRC

To Midway School Rd

As part of this application, I have drawn the site involved. I followed, as much as possible, the directions for drawing the site plan that were part of this application. I will call the office of Environmental Health for Davidson County when the lot is ready to be inspected.



In making this application for a permit, I Chris Sink Reid Sink, accept that any changes or alterations made to the site plan or any false information given about it on this form means that Davidson County could suspend or take away any permits issued.

Marie B. Hadrick
Notary Public

My Commission Expires 1-27-2002

My Commission Expires

(SEAL)

DAVISON COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH

Date Received: 10-23-97
Fee Paid: 60.00
Cash/Check #: 6016

File #: 9711813
Receipt #: 8656
Receipt #:

- Application for Permits (Check box for those that apply)
- Improvement(s)
 - Construction Authorization
 - To Repair Existing Building
 - To Add to Existing Building(s) (Building Authorization)



Complete All Items Below

~~James Chris SINK~~ () 764-1417 () 817-8463
 Owners Representative Home Phone Daytime Phone
9293 Old US Hwy 52 Lex NC 27295
 911 Mailing Address City State Zip Code
Bernard Hayes 203 Midway Sch Rd Lex NC 27295
 Current Property Owner Mailing Address City State Zip Code

RESIDENTIAL

House Permit? Mobile Home Permit? Number of Bedrooms? 3 Number of People? 2 Is there a basement? Yes No If YES, what fixtures are involved:

COMMERCIAL

Type of building you propose? _____
 Building measurements? Width _____ ft. Depth _____ ft. Is there a basement? Yes No
 YES, give measurements and fixtures: _____ ft. by _____ ft.
 Fixtures: _____ How many employees? _____ How many shifts? _____ Number of seats/chairs? _____ (Other than by toilets, lavatories, and showers), are any liquid wastes generated: (Describe them)

Fill out the information below:

- The property is in _____ Subdivision, recorded on MAP 2113, LOT 113, Section _____, Township Midway 13. The property's water source is: Public or Well. The property is located on Midway School Road. It can be reached by Old 52 N to Midway Sch Rd. Turn Right go 1/3 mile Turn Right in Drive Across From Shady Oaks Garden CTR.
(GIVE DIRECTIONS)
- When was the property originally deeded and recorded? _____
 Is any of this property designated "wetlands"? Yes No

--TURN TO BACK OF THIS PAGE--

51.5
10-28-97
jen

This application is to the Davidson County Health Department for permit(s) to change my property as described on the map drawn by me. By signing below, I give the Davidson County Health Department the right to right to come on my property to inspect and evaluate it. I understand that the permit(s) can be taken away by Davidson County if any plan or the site changes from what is described on this application. I declare that the information given in this application is true and represents the maximum facilities to be placed on the property.

10-23-99

DATE

Chari Sink

SIGNATURE

SITE/SOIL EVALUATION
 FOR
 ON-SITE WASTE WATER

APPLICANT: Chris Sink PHONE: _____ APPLICATION DATE: 10-23-97
 ADDRESS: _____
 COUNTY: _____ PROPERTY SIZE: 13.6/acre PROPOSED FACILITY: 3 BDR House
 LOCATION OF SITE: Midway Set Rd
 WATER SUPPLY: On-Site Well _____ Community _____ Public _____ Other _____ EVALUATION BY: Auger Boring Pit _____ Cut _____

FACTORS		PROFILES													
		1	2	3	4	5	6	7	8	9	10				
LANDSCAPE POSITION	.1940	L	FS	L											
SLOPE (%)	.1940	4-5%	< 3%	< 5%											
HORIZON 1 DEPTH		0-12	0-14	0-8											
Texture Group	.1941(A)(1)	C	cl	C											
Consistence	.1941	fi/s/p	fi/s/sp	fi/s/p											
Structure	.1941(A)(2)	SBK	M	SBK											
Mineralogy	.1941(A)(3)	sexp	sexp	sexp											
HORIZON 2 DEPTH		12-32	14-24	8-32											
Texture Group	.1941(A)(1)	C+S	C	C+S											
Consistence	.1941	fr/ss/sp	fi/s/p	fi/ss/sp											
Structure	.1941(A)(2)	SBK/M	ABK	SBK/M											
Mineralogy	.1941(A)(3)	sexp	sexp	sexp											
HORIZON 3 DEPTH		32-48	24-44	32											
Texture Group	.1941(A)(1)	S+pc	C+S												
Consistence	.1941	fr/ss/HP	fi/ss/sp												
Structure	.1941(A)(2)	M	SBK/M												
Mineralogy	.1941(A)(3)	sexp	sexp												
HORIZON 4 DEPTH			42+												
Texture Group	.1941(A)(1)		sexp												
Consistence	.1941														
Structure	.1941(A)(2)														
Mineralogy	.1941(A)(3)														
SOIL WETNESS	.1942														
RESTRICTIVE HORIZON	.1944														
SAPROLITE	.1943/.1956														
CLASSIFICATION	.1948	us/ps 20"	PS												
LONG TERM ACCEPTANCE RATE	.1955	.3	.3												

AVAILABLE SPACE (.1945): _____ SITE LONG TERM ACCEPTANCE RATE: _____
 OTHER FACTORS (.1946): _____ SYSTEM TYPE: _____
 SITE CLASSIFICATION (.1948): _____

EVALUATED BY: GE + JH OTHERS PRESENT: _____

COMMENTS:

