

File Number: 2014-427  
System Type: ITBGT

# Davidson County Health Department Operations Permit

Oscar Queen  
Applicant's Name

2127 Marion Ln.  
Subdivision/Section/Lot #

McMahan 200  
Wastewater System Installer

Lee Parks REHS  
Authorized State Agent

9-10-14  
Date

Permit Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

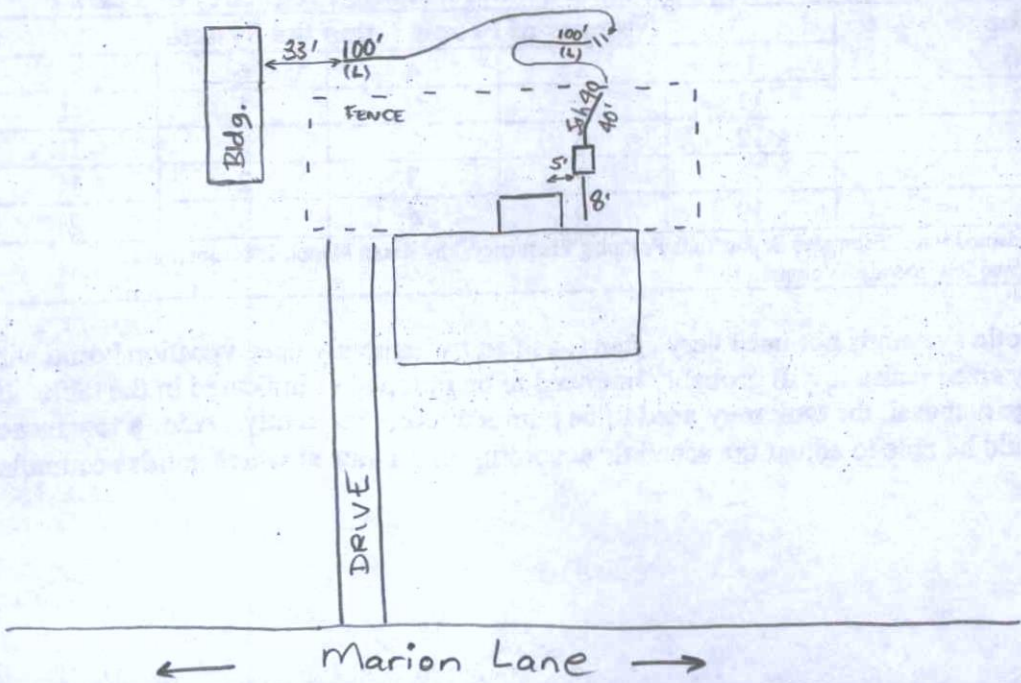
Septic Tank Shoaf-1000 <sup>STB-760</sup> 8'-19"  
<sub>w/riizers</sub>

Nitrification Field (Sq. Ft.) 600sq'

Pump Tank N/A

Nitrification Line (Linear Ft.) 200' w/18" stone

Filter Type PolyLok



# Davidson County Health Department

## Improvement Permit

If the information on the Improvement Permit is falsified, changed, or the site is altered, then the Improvement Permit shall become invalid

Permit is Valid for Five Years

No Expiration Date

Date Rec: 27 Aug 2014      Map Code:      File No: 2014000427

Applicant: QUEEN, OSCAR EUGENE & BETTY      Address: 2127 MARION LN LEXINGTON NC 27292      Daytime Phone:

Owner/Legal Representative: QUEEN, OSCAR EUGENE & BETTY      Address: 2127 MARION LN LEXINGTON NC 27292      Daytime Phone:

Subdivision:      Map: 16      Lot: 9      Section:      Township: 05

Road Name: MARION LANE      Directions to Property: NEW 64 E PAST COUNTY HOME RD T/R MARION L

Facility Type: H      New:      Repair: X      Expansion:      Water Supply: Municipal-Existing

No. of Bedrooms: 3      No. of Occupants:      Basement:      Basement Fixtures:

No. of Employees:      Other:      Projected Daily Flow: \_\_\_\_\_

Pump: Yes \_\_\_ No \_\_\_      Proposed Wastewater System Type: \_\_\_\_\_

Permit Conditions:

Permit Granted:      Permit Denied:      Authorized State Agent: \_\_\_\_\_      Date: \_\_\_\_\_

Owner/Legal Representative's Signature: \_\_\_\_\_      Date: \_\_\_\_\_

### Authorization to Construct Wastewater System

The Authorization for Wastewater System Construction is subject to revocation if the site plan or plat changes, the intended use of the property changes, or if the site is altered or is misrepresented in any way.

Type of Wastewater System: Conventional / IIb      Projected Daily Flow: 360 gpd

### Wastewater System Requirements

Tank Size: 1000 gal.      Pump Tank Size: N/A      Square Footage: 600 sq'

Trench Length: 200'      Max. Trench Depth: -      Trench Width: 36"

No. of Trenches: 1      Aggregate Depth: 18" stone

Permit Conditions: Install line on center. Stay 10' min. from property lines.

### See Site Plan / Plat On Attached Sheet

Permit Granted:       Permit Denied:       Authorized State Agent: Joe Parker RCHS      Date: 9-10-14

Owner/Legal Representative's Signature: \_\_\_\_\_      Date: \_\_\_\_\_

Permit Number 2014-427  
(Office Use Only)

**Davidson County Health Department**  
**Application for Improvement Permit/Authorization to Construct**

**Improvement Permit** \_\_\_\_\_ **Date Site Ready to Evaluate** \_\_\_\_\_  
Submit **current** site drawing & application Structure staked, property lines marked  
**Construction Authorization** \_\_\_\_\_ **Proposed System Type (required)** \_\_\_\_\_  
Submit **current** scale drawing of site & Approved system sheet with type selected & application  
**Building Authorization** \_\_\_\_\_ **Date Application Submitted** \_\_\_\_\_  
Submit **current** site drawing & application

**IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THE IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. THE PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. THIS APPLICATION IS VALID FOR 1 YEAR FROM DATE OF SUBMISSION.**

**APPLICANT INFORMATION: email address** \_\_\_\_\_

*Sandy Everhart*  
*Tommy Floyd*  
*Eugene Zuer*  
Permit Requested By Oscar Eugene + Betty M Queen Complete Mailing Address 2127 Marion Ln, Lexington, NC Daytime Phone \_\_\_\_\_  
Property Owner Same Complete Mailing Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**PROPERTY INFORMATION**

Township 05 Tax Map 16 Lot Number 9 Road Marion Lane  
Subdivision \_\_\_\_\_ Section \_\_\_\_\_ Directions to site: New 64 E past  
County Home Rd T/R Marion Ln on right

**DEVELOPMENT INFORMATION**

House  Manufactured Home  Other \_\_\_\_\_  
Repair to Existing Septic Tank System  Expansion of Existing System \_\_\_\_\_

**NEW CONSTRUCTION ONLY: REQUESTED SEPTIC SYSTEM LOCATION**

Front (road facing) \_\_\_\_\_ Back \_\_\_\_\_ Do not care \_\_\_\_\_ Other \_\_\_\_\_

Residential Info: # Bedrooms 3 Basement (Y/N) \_\_\_\_\_ if Y, Fixtures \_\_\_\_\_ # of Occupants \_\_\_\_\_

Non-Residential Info: Type of Business \_\_\_\_\_ # of Employees \_\_\_\_\_ # of Seats \_\_\_\_\_  
Total Square Footage of building \_\_\_\_\_ Other \_\_\_\_\_

Water Supply: Public \_\_\_\_\_ New Well \_\_\_\_\_ Existing Well \_\_\_\_\_ Community Well \_\_\_\_\_

Does this property: 1) Have any designated wetlands? \_\_\_\_\_ 2) Subject to approval by any other public agency (Planning & Zoning, DOT, etc) \_\_\_\_\_ Will there be any wastewater generated other than domestic sewage? \_\_\_\_\_ If yes, explain \_\_\_\_\_

I have read this application and information sheet attached and certify that the information provided in this application is true, complete and correct to the best of my knowledge. Authorized county and state officials are granted right of entry to conduct necessary inspections. **I understand that I am solely responsible for the proper identification and labeling of all property lines and making the site accessible for this evaluation.**

**Property Owner / Legal Representatives Signature** Oscar E. Queen

(Office Use Only)  
Initial Site Visit Date 8-29-14 San ID CU IP Date \_\_\_\_\_ San ID \_\_\_\_\_  
ATC Date 9-9-14 San ID plp GRID \_\_\_\_\_ BA Date \_\_\_\_\_ San ID \_\_\_\_\_

*Built 1961.*  
*McMahan*  
*to repair.*

Davidson County

Malfunctioning Systems

Fill out this section at the time the Malfunction is Evaluated and a Permit Issued or other Remedy Proposed.  
 For the system that malfunctioned or was damaged or destroyed.

Owner: <i>Oscar Eugene Queen</i>	Failing System Code	Age (whole number)	Was it Initial or Repair	Type Distribution	LTAR today	Design Flow (gpd)	Type of Failure Code	Primary Cause Code	Replacement System or Remedy
File Number: <i>2014-427</i>	<i>GTR</i>	<i>26</i>	<i>R</i>	<i>GP</i>	<i>.2</i>	<i>360</i>	<i>SD</i>	<i>S</i>	<i>GTR</i>
Road: <i>2127 Marion Lane</i>									

Comments:

Code	Type of Distribution
DEEP	Deep Installation
35	>25% up to 35% Reduction Given
PM	Pump to Pressure Manifold
PG	Pump to Gravity Dispersal
GP	Gravity - parallel (eg. d-box)
GS	Gravity - serial
LPP	Low Pressure Pipe Dispersal
DAF	Dual Alternating Fields
OS	Off-Site System
GF	Gravity Fill System
PF	Pressure Dosed Fill System
S	Siphon
DRIP	Drip

Code	Causes of Malfunction
S	Site Problems: Soil, Inflow,
M	Maintenance: Tank not
U	Use: Water leak in house, too
D	Damaged or Destroyed
E	Effluent distribution device,
P	Pressure Dosing Problems
A	Age - Normal exhaustion of
T	Tank or Pump Tank not
X	Pretreatment failure
Z	System Undersized
Q	Couldn't determine

Code	Type of Malfunction
BU	Back up into facility
SD	Surface Discharge
FL	Free liquid w/in 3" of surface
P	Requires pumping > 1/month
GW	Discharge to Groundwater

I	Initial
R	Repair

\*\*\*\*SEE FAILING SYSTEM CODES AND REPLACEMENT SYSTEM CODES ON BACK OF SHEET\*\*\*\*

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Total Square Footage of building \_\_\_\_\_ Other \_\_\_\_\_  
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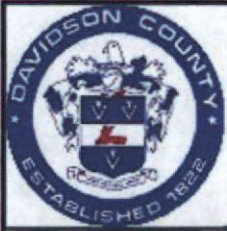
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(Office Use Only)  
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ATC Date \_\_\_\_\_ San ID \_\_\_\_\_ GRID \_\_\_\_\_ BA Date \_\_\_\_\_ San ID \_\_\_\_\_

*Built 1961.*  
*McMahan*  
*to repair,*



# Davidson County GIS



<b>Parcel Number :</b>	050160000009	<b>Land Units:</b>	1.2 AC
<b>Pin Id :</b>	6745-04-52-1345	<b>Deed Book:</b>	0659 Pg: 0249
<b>Owner :</b>	QUEEN OSCAR EUGENE QUEEN BETTY M 2127 MARION LN LEXINGTON NC 27292-5633	<b>Deed Date:</b>	12/01/1986
<b>Property Address:</b>	2127 MARION DR	<b>Account Number:</b>	6531380
<b>Township:</b>	05	<b>Exempt Code:</b>	
<b>Building Value:</b>	\$80,240	<b>Other Building Value:</b>	\$2,020

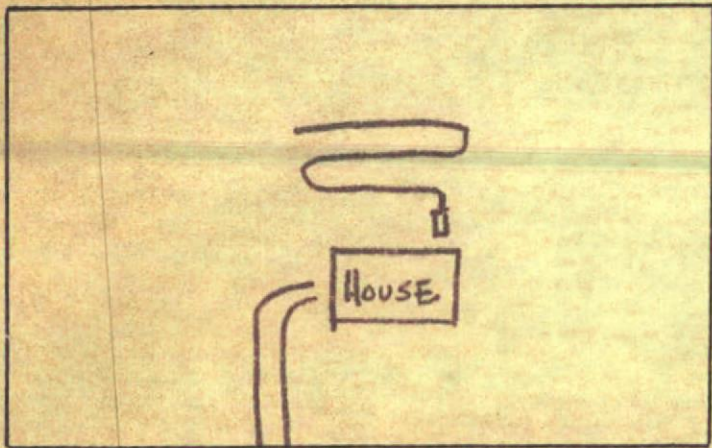
**CERTIFICATE OF COMPLETION**  
**DAVIDSON COUNTY DEPARTMENT OF PUBLIC HEALTH**

H. D. Permit # 14340  
 Map Code 11D 2A

GOOD. WORK. REFUSED.

Owner EUGENE QUEEN  
 Builder \_\_\_\_\_  
 Address \_\_\_\_\_  
 Location NEW 64-F, (R) MARION DR, 2<sup>ND</sup> HOUSE ON (R) PAST SHARP CURVE.

Structure HOUSE REPAIR  
 Subdivision \_\_\_\_\_  
 Lot No. \_\_\_\_\_ Block No. ~~11D~~ ~~2A~~  
 No. Bedrooms 3 No. Occupants 3  
 Basement \_\_\_\_\_ Basement Fixtures \_\_\_\_\_  
 Septic Tank Size EX. Gallons \_\_\_\_\_  
 Nitrification Field 600 Sq. Ft. \_\_\_\_\_  
 No. of Lines 1 Length of Lines 200  
 Line Width 36" Stone Depth Under Pipe 6+6  
 Water Supply Co. Distance from Pollution \_\_\_\_\_  
 Lot Area EX. REPAIR F L B R (ft.)  
 Lot Size \_\_\_\_\_  
 Comments \_\_\_\_\_



Front

Building Permit No. \_\_\_\_\_  
 Installer Mc MAHAN  
 Approved  Disapproved   
 Date 7/5/88  
 Sanitarian Mike Rountree

IMPROVEMENTS PERMIT

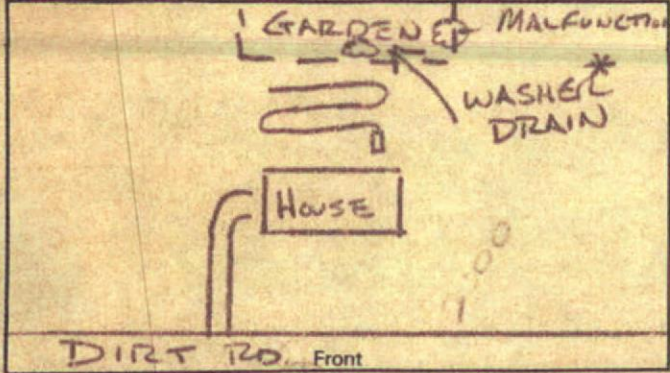
DAVIDSON COUNTY DEPARTMENT OF PUBLIC HEALTH

Map Code 11D 2A  
N<sup>o</sup> 14340

Owner EUGENE QUEEN Address 2127 MARION DR. Structure HOUSE REPAIR  
 Builder \_\_\_\_\_ Address \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Location NEW 64-E, (R) MARION DR, 2<sup>nd</sup> HOUSE ON (R) EAST SHARP CURVE Lot No. \_\_\_\_\_ Block No. \_\_\_\_\_  
 Township \_\_\_\_\_ Map Number \_\_\_\_\_  
 No. Bedrooms 3 No. Occupants 3  
 Basement \_\_\_\_\_ Basement Fixtures \_\_\_\_\_  
 Septic Tank EX. Gallons Nitrification Field 600 sq. ft.  
 No. of Lines 1 Length of Lines 200  
 Line Width 36" Stone Depth Under Pipe 6+6  
 Lot Area EX. sq. ft. Water Supply Co.

Set Back F EXISTING B \_\_\_\_\_ R \_\_\_\_\_  
 Lot Size F \_\_\_\_\_ L \_\_\_\_\_ B \_\_\_\_\_ R \_\_\_\_\_

NOTE: The above are minimum specifications for a sewage disposal system on above captioned property, subject to final approval by the Health Director and compliance with local zoning and building regulations. This layout may not be altered without written permission from a representative of the Davidson County Health Department. Only contractors registered with the Davidson County Health Department may install this system. This permit may be revoked at any time for failure to comply with the existing regulations of the Davidson County Board of Health.



Above information certified by: E. Eugene Queen  
 Comments PUMP TANK IF NECESSARY. CHECK TEE.  
\*PUMP WASHER DRAIN INTO SEPTIC TANK.

This Permit expires two years from date of issue

Permit Granted  Permit Denied   
 Sanitarian Mike Rountree  
 Date 6/3/88



### DAVIDSON COUNTY HEALTH DEPARTMENT SEPTIC TANK LAYOUT AND PERMIT

Owner Floyd, Tommy Date 1-27-69

General Contractor \_\_\_\_\_

Directions N 1/4 E - R on MARIETTA DR. - continue straight on dirt rd. - 1<sup>st</sup> on R.

No. of Bedrooms Repair

Garbage Disposal \_\_\_\_\_

Perc Test (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ MPI

Size of Tank check Gal.

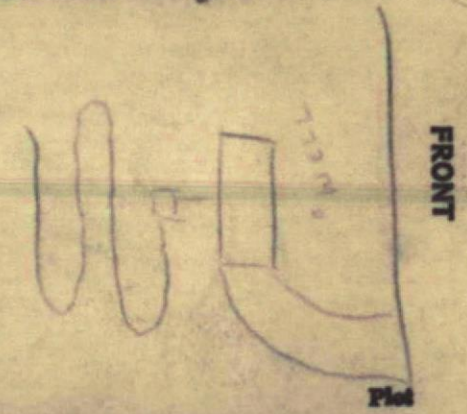
Nitrification Line 600 (check) New Line Sq. Ft.

Material Under Line 12 Inches

Sand Filter \_\_\_\_\_ Sq. Ft.

Layout By Thompson R. Cook

*Pump tank each 3 yr.*



Date 1-28-69 Installed By Gates Approved By Charles T. Phillips