File Number: 2-21- 743

Davidson County Health Department Operations Permit

Applicant's Name	Subdivision/Section/Lot #
Ward Brus 3:30	Subdivision Section Lot "
Wastewater System Installer	
Authorized State Agent	Date
Took!my	y Flow: Maximum Occupancy:
Initial System Type: The Tune to Convention Great	Repair System Type: GTK
Septic Tank: #78 p 1000 546760 17-3 Shore 1000 F	Filter Type: Polylok 76 172
Pump Tank: Shoaf 1775 P+352 6-9 F	Pump Model changing cristics 10
Nitrification Field (Sq. Ft.) 3600 N	Nitrification Line (Linear Ft.)
Permit Conditions:	
Chechel first 185 ft of Septre line	Checked Supply line & Passone manifold 2-9-7
* Hold for pump & Electrical Che	k *
A Hold for former of the	
(Comital	
J de la company	
115'(1)	
15'(2)	
140, (4)	
a, 190'	
a1 45	7" Sch40
1 70.1 (6)	## # " " " " " " " " " " " " " " " " "
THE STATE OF THE S	23,
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	1 3

File Number: 7021 7

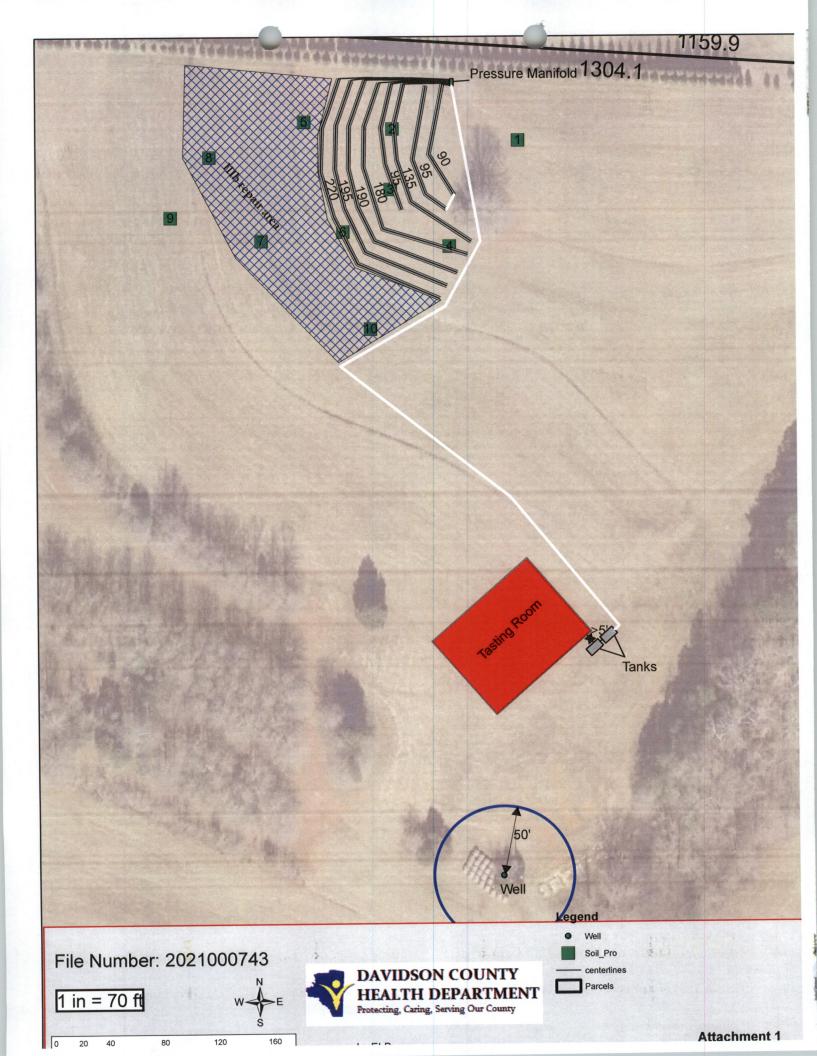
Davidson County Health Department Operations Permit

Neit Theans	3583 Betwella dead
Applicant's Name	Subdivision/Section/Lot #
Mard Bins 3.33	
Wastewater System Installer	
The second second second	
Authorized State Agent	Date
Facility Description: Designed D	aily Flow: _ 906 CTD Maximum Occupancy:
	Repair System Type:
Septic Tank: Handle 17.3 Should have	Filter Type: Polyton 71 177
Pump Tank: _ {	Pump Model Chargina Certifica
Nitrification Field (Sq. Ft.)	Nitrification Line (Linear Ft.)
Permit Conditions:	
Chald had been as a line	2 2 72 X=5
H Hall I'm some to the chient of	
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95'(1)	
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Da dson County Health Deparement

Improvement Permit

Permit is Valid						
	for Five Years	No Expirat	ion Date			
Date Rec: 09 Sep 2021	Map Code:		File No:	2021000743		
Applicant: Address: THOMAS , NEIL P 413 CAMERONDEN CT KERNERSVILLE NC 27284			Daytime Phone: 3367068350			
Owner/Legal Representative: THOMAS , NEIL P	Address: 413 CAMERON KERNERSVILL		Daytime P 33670683			
Subdivision:	Map: 30	3A Lot: 51A	Section:	Township: 11		
Road Name: BETHESDA ROAD	Directions to	Property: 3583	BETHESDA ROAD			
No. of Employees: 4 Other	of Occupants: r: VINEYARD TASTING Proposed Wastewater Syste	m Type: III b, pum		xtures:		
Permit Granted: Permit Downer/Legal Representative's Sign	Denied: Authori	zed State Agent:	in Bailey	Date: 10-30-31		
	Authorization to Construc	et Wastewater System				
The Authorization for Wastewater Sy changes, or if the site is altered or is	misrepresented in any way.	to revocation if the site				
The Authorization for Wastewater Sychanges, or if the site is altered or is Type of Wastewater System:	ystem Construction is subject misrepresented in any way.	to revocation if the site		s, the intednded use of the prop		
changes, or if the site is altered or is	ystem Construction is subject misrepresented in any way.	to revocation if the site				
Tank Size: 1553 min Trench Length: 1200 No. of Trenches: 8 at vacous	wstem Construction is subject misrepresented in any way. Pump to conventioned Wastewater System Pump Tank Size: Max. Trench Dept	em Requirements ISS3 min h: 40 " Aggregate Depth:	Projected Square	Footage: 3600 Width: 3'		
Tank Size: 1553 min Trench Length: 1200 No. of Trenches: 8 at vacous	Wastewater System Pump Tank Size: Max. Trench Dept Us leastly Heading 182 + 52	em Requirements ISS3 min h: 40 " Aggregate Depth:	Projected Square	Footage: 3600 Width: 3'		



File # 2021000743

Attachment 2

Install 1200 linear feet of new drainline on contour 40" deep max trench depth

System and repair are specified as pump to conventional installation

No cutting/ filling or **vehicular traffic** on system or repair area, any soil removal in the approved area could result in permit revocation.

Stay 5' from foundation, 15' from basement, 15' from pool cut, 10' from water line, 10' from property line, 50' from streams or lake, and **100' from any well**

Install during dry conditions

Keep out of utility right of ways

Install per .1900 rules, and manufacture specifications

Install new approved Septic tank and pump tank (min capacity of 1553 gallons each)

Pump to a pressure manifold (see tap sheet)

Pipe Gutters away from system area

This system is sized to serve a tasting room at a vineyard (domestic strength wastewater only)

Excess wine shall not enter septic system (pump and haul recommended)

This system is not sized for food service or food preparation.

It is recommended to pump tanks once yearly at a min.

Utilities must be crossed in accordance with the .1900 rules and manufacture specifications

A pre-installation meeting shall occur before system shall be installed

The Grape Escape SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/Tap	gpd	Trench Area	Flow/foot
1	White	96.6	90	ERROR	5.05	75.20	270	0.0561
2	\ /	96.6	95	ERROR	5.05	75.20	285	0.0532
3	Pink	96.6	135	SCH 40 1/2	7.11	105.87	405	0.0527
4	R ∉ d	96.6	95	SCH 80 1/2	5.48	81.60	285	0.0577
5	Orange	96/6	180	SCH 80 3/4	10.1	150.40	540	0.0561
6	Yellow	96.6	190	SCH 80 3/4	10.1	150.40	570	0.0532
7	/ \	96.6	195	SCH 80 3/4	10.1	150.40	585	0.0518
8	/ \	9 6. 6	220	SCH 40 3/4	12.5	186.14	660	0.0568 0.10
	total	feet =	1200	gal/min =	60.44			
			Des. Flow	900				
			Pump Run=	14.89				
			soil LTAR	0.25				

Site and Soil Evaluation

DIVISION OF ENVIRONMENTAL HEALTH

File Number:2021000743 Evaluating EHS: EB

Others Present During Evaluation:

	œ	7	თ	Ŋ	4		ω	2	_	Profile 9/21/2021	ON-S
	₽ŧ	Pit	Pit	Pit	Pit		Pit	₽iŧ	Pit	Type	ITE WAT
	<u>w</u>	<u>w</u>	<u></u>	<u></u>	<u>v</u>		<u>IS</u>	o	<u>w</u>	Landscape Position	ON-SITE WATER PROTECTION SECTION
	7	7	o	7	7		0	ŧ	თ	pe Slope 1 (%)	CTION S
	0-10 scl wfgr	0-10 scl wfgr	0-13 scl wfgr	0-23 c mmabk ses: sere	0-12 scl wfgr		0-13 scl	0-12 scl wfgr ss sp fr sexp	0-8 scl wfgr ss sp fr sexp	_	ECTION
5682	10-32 c mmabk	10-36 c mmabk ses seve	13-36 c mmabk	23-35 sclbc wfsbk	12-34 bt c wmabk	avy	13-32 c mfabk/he	12-27 c wfabk s p fi sexp	8-22 c abk s p fi sexp	Soil Horizon 2 3	
2836 E	32-69 sclbc	36-72 sclbc wfsbk	36-70 sclbc wfsbk	35-68 sւ slsma	34-65 sclbc wisbk	55367-50	32-72 scl bc wfsbk	27-52 sclbc wfsbk ss sp fr sexp		rizon 3	
					65-80 slsma st	è		52-67 SISMA که دیری کی دوری		4	
					د کوم ل			st sexo	14+10yr7/ 2	Wetness	2
									u/ps	Horizon	0
Pa									na	Saprolite	thers Pres
Page 1 of 2	0.25	0.25	0.25	0.25	0.25		0.25	0.25	0.1	25	sent Du
	PS	PS	C	PS	C		PS	PS	U/PS	Restrictive Saprolite LIAK Classification Comments Horizon 25	Others Present During Evaluation:
			low chroma in bt horizon		chroma in bt horizon			chroma at horizon change	wet to 63		ion:

à	ဖ		Profile Type	
Pit	Pit		1	
<u>w</u>	s		Landscape Slope Position (%)	
7	7		Slope (%)	
0-13 scl wfgr	0-14 scl wfgr		_	
13-37 c mfabk	14-32 c wfabk		Soil Horizor	
37-62 cl wfsbk	32-67 scl	wfsbk	rizon 3	
62-84 scl wfsbk			4	
	21+		Soil Wetness	
			Restrictive Horizon	
0.			Soil Restrictive Saprolite LTAR . Classification Comments Vetness Horizon 25	
0.25	0		R. Clas	
PS	C		sification	
low chroma in bt horizon	wet all the way after 21		Comments	

Available Space (.1945): S Other Factors (.1946): S Site Classification (.1948): PS Comments:

Repair System LTAR:0.25 Initial System Type:IIIb Repair System Type:IIIb Initial System LTAR 0.25

Davidson Co Health Der SEP 0 9	pot. 2021	
Davidsolle Davidsolle Health Dept.	Completed survey plat or site plan submitted Davidson County Health Dep	File Number: 2021 - 743 Oartment Onsite Wastewater Application
SEP 28 20E	Improvement Permit Construction Authorization Building Authorization Manufactured Home Connection Authority	Date Site Ready to Evaluate Drization Structure staked, property lines marked
	OR THE SITE IS ALTERED, THE IMPROVEME	FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED, INT PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL OR EITHER 60 MONTHS OR WITHOUT EXPIRATION ITTED. THIS APPLICATION IS VALID FOR 1 YEAR FROM
		Cameroniles Ct Kernesville N.C. 27284 pplete Mailing Address Daytime Phone 356-70-8550 pplete Mailing Address Daytime Phone Daytime Phone
		THE PART OF THE PA
	Subdivision Section	Street Address 3583 Bethesda Ral Lexington, W. L. ZAERT Directions to site: Ridge Rd to Bethesda Rd.
	House Manufactured Home Repair to Existing Septic Tank System	OPMENT INFORMATION Other TASTING FOOM - VINCAST C Expansion of Existing System
		ent (Y/N)if Y, Fixtures# of Occupants
	Non Residential Info: Type of Business Agre	Other # of Employees _ # of Seats
	Water Supply: Public New Well	Existing Well Community Well
	agency/Planning & Zoning DOT etc) 190	wetlands?
	Front (road facing) Back Do not care	
	complete and correct to the best of my knowledge. necessary inspections. I understand that I am sold lines and making the site accessible for this evalua	
	Property Owner / Legal Representati	ves Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Initial Site Visit Date p.+ ? ?->1->1 Sa	
	ATC Date San II	