

10:20 ✓

# DAVIE COUNTY HEALTH DEPARTMENT IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

\*NOTE: Issued in Compliance With Article II of G.S. Chapter 130a

Sanitary Sewage Systems

Permit Number

Name V.R. Darrt Rt 1 Box 228 Mills Date 4-6-90

No. 5932

Location 64E 1st Merrill Lake Road - Approx 2 miles 1st  
AV Old Log house

Subdivision Name \_\_\_\_\_ Lot No. \_\_\_\_\_ Sec. or Block No. \_\_\_\_\_

Lot Size 5 1/2 AC House  Mobile Home \_\_\_\_\_ Business \_\_\_\_\_ Speculation \_\_\_\_\_

No. Bedrooms 3 No. Baths 2 1/2 No. in Family 2

Garbage Disposal YES  NO

Auto Dish Washer YES  NO

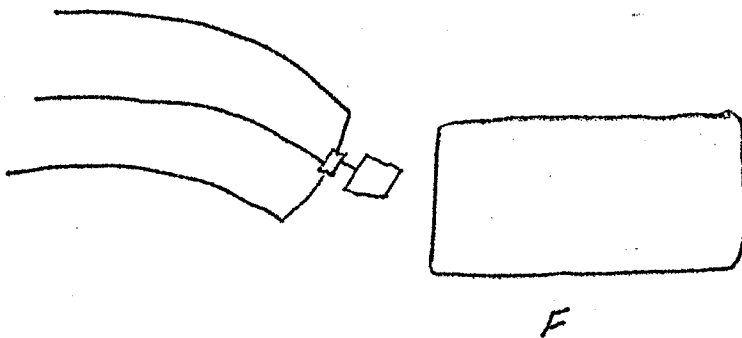
Auto Wash Machine YES  NO

Type Water Supply cb.

Specifications for System:

1000 gal tank  
300X3X12" D-Box

\*This permit Void if sewage system described below is not installed within 5 years from date of issue.  
This permit is subject to revocation if site plans or the intended use change.

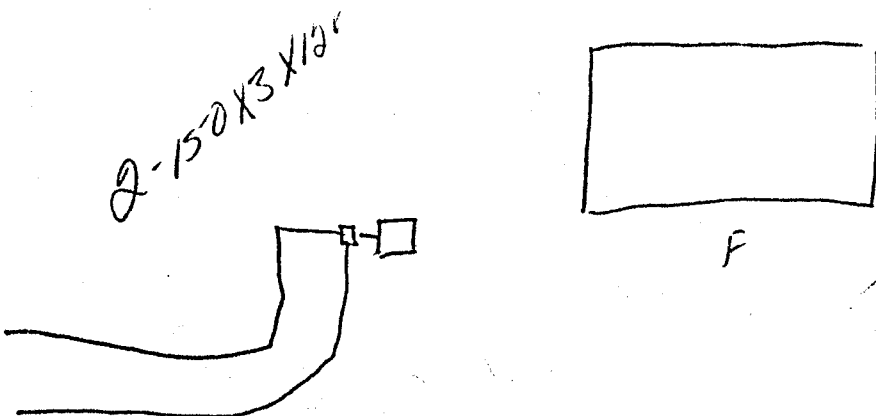


Improvements permit by Hall

\*Contact a representative of the Davie County Health Department for final inspection of this system between 8:30-9:30 A.M. or 1:00-1:30 P.M. on day of completion. Telephone Number: 704-634-5985.

Final Installation Diagram:

System Installed by Terry Dedman



Certificate of Completion Hall Date 7/21/90

\*The signing of this certificate shall indicate that the system described above has been installed in compliance with the standards set forth in the above regulation, but shall in NO way be taken as a guarantee that the system will function satisfactorily for any given period of time.

APPLICATION FOR SITE EVALUATION/IMPROVEMENTS PERMIT  
Davie County Health Department  
Environmental Health Section  
P. O. Box 665  
Mocksville, NC 27028

RCVD. 4-2-90  
CALL Thurs -  
A.M. -

2:00 P.M.

- Application/Permit Requested By V.R. & ANN B. DART  
Mailing Address RR 1, Box 228, Mocksville, N.C. 27028  
Home Phone 492-5676 Business Phone 634-3561 (Ann)
- Name on Permit if Different than Above \_\_\_\_\_
- Property Owner if Different than Above \_\_\_\_\_
- Application/Permit For:  General Evaluation  S/Tank Installation
- System to Serve:  House  Mobile Home  Business  
 Industry  Other  Unknown
- If house, mobile home: Subdivision \_\_\_\_\_ Sec. \_\_\_\_\_ Lot# \_\_\_\_\_  
No. of People 2 Dwelling Dimensions 28' x 60' + GARAGE  
No. of Bedrooms 3  Basement/Plumbing  
No. of Bathrooms 2-1/2  Basement/No Plumbing  
 Washing Machine  Dishwasher  Garbage Disposal
- If business, industry, other: Specify type \_\_\_\_\_  
No. of People Served \_\_\_\_\_ No. of Sinks \_\_\_\_\_  
No. of Commodes \_\_\_\_\_ No. of Urinals \_\_\_\_\_  
No. of Lavatories \_\_\_\_\_ No. of Water Coolers \_\_\_\_\_  
No. of Showers \_\_\_\_\_
- Type of water supply:  Mocksville Public  Private  Community
- Property Dimensions 5-1/2 ACRES
- Sewage Disposal Contractor (REF. DENNIS GRUBB - BUILDER)
- Do you anticipate additions/expansions of the facility this system is intended to serve?  Yes  No  
If yes, what type? \_\_\_\_\_

\*NOTE: Improvements Permits shall be valid for a period of 5 years from date issued. Improvements Permits are subject to revocation, if site plans or the intended use change. Effective October 1, 1989.

This is to certify that the information provided is correct to the best of my knowledge, and I understand I am responsible for all charges incurred from this application.  
3-30-90 Date [Signature] Signature

Directions to Property:

MERRILL LAKE ROAD,  
(BURTON HOME PLACE)  
NEAR JERK, N.C.

64E.; Lt. on MERRILL LAKE Rd.; on left at old log home approx. 1 1/2 to 2 mi.

DAVIE COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION

SITE EVALUATION CONSENT FORM

1. Complete the form below and return to the Davie County Health Department.
2. Carefully follow the procedures as outlined in the enclosed "Information Bulletin."

NOTE: THE ABOVE MUST BE COMPLETED BEFORE A SANITARIAN WILL BE ABLE TO BEGIN THE REQUESTED EVALUATION.

DETACH HERE AND RETURN TO: Davie County Health Department, Environmental Health Section, P. O. Box 665, Mocksville, N.C. 27028

Davie County Health Department  
Environmental Health Section  
Site Evaluation Consent Form

LOCATION OF PROPERTY:

DATE RECEIVED  
(office use only)

- yes    no    1. I am the owner of the above described property.
- yes    no    2. I am not the owner of the above described property, however, I certify that I have consent from \_\_\_\_\_, owner to obtain a site evaluation by the Davie County Health Department for the purpose of determining the suitability for a ground absorption sewage treatment and disposal system.  
owner's name
- yes    no    3. I hereby give consent to the authorized representative of the Davie County Health Department to enter upon the above described property and conduct all testing procedures as necessary to determine its suitability for a ground absorption sewage treatment and disposal system.

3-30-90  
DATE

[Signature]  
SIGNATURE

4. I hereby authorize the Davie County Health Department to release site evaluation results from the above described property to the following:
- Owner only
  - \*  Owners designated representative
  - Anyone requesting results
  - Only those listed below

\* DENNIS GRUBB - (BUILDER)

3-30-90  
DATE

[Signature]  
SIGNATURE

DAVIE COUNTY HEALTH DEPARTMENT

Environmental Health Section

P. O. Box 665

Mocksville, N.C. 27028

SOIL/SITE EVALUATION

Name Dactt Date 4-6-90

Address \_\_\_\_\_ Lot Size 5AC

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
1) Topography/Landscape Position	<del>S</del> PS U	<del>S</del> PS U	<del>S</del> PS U	<del>S</del> PS U
2) Soil Texture (12-36 in.) Sandy, Loamy, Clayey, (note 2:1 Clay)	<del>S</del> PS U	<del>S</del> PS U	<del>S</del> PS U	<del>S</del> PS U
3) Soil Structure (12-36 in.) Clayey Soils	<del>S</del> PS U	<del>S</del> PS U	<del>S</del> PS U	<del>S</del> PS U
4) Soil Depth (Inches)	<del>S</del> PS U	<del>S</del> PS U	<del>S</del> PS U	<del>S</del> PS U
5) Soil Drainage: Internal	<del>S</del> PS U	<del>S</del> PS U	<del>S</del> PS U	<del>S</del> PS U
External	<del>S</del> PS U	<del>S</del> PS U	<del>S</del> PS U	<del>S</del> PS U
6) Restrictive Horizons	—	—	—	—
7) Available Space	<del>S</del> PS U	<del>S</del> PS U	<del>S</del> PS U	<del>S</del> PS U
8) Other (Specify)	S PS U	S PS U	S PS U	S PS U
9) Site Classification	<u>P.S.</u>	<u>P.S.</u>	<u>P.S.</u>	<u>P.S.</u>

U—UNSUITABLE

S—SUITABLE

PS—Provisionally Suitable

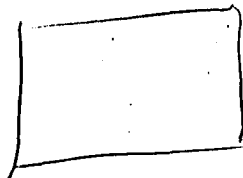
Recommendations/Comments: \_\_\_\_\_

Described by Ball Title SP Date 4/6/90

SITE DIAGRAM

x4

x3



x2

y1