

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Pam Shaw
ADDRESS: _____

APPLICATION DATE 02-26-2020
DATE EVALUATED: 03-09-2020
PROPERTY SIZE: 1.1 acres
PROPERTY RECORDED: _____

PROPOSED FACILITY: 3 BR 1 1/2 PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 1903 Gospel Hwy Ch Rd, Yadkinville, NC 27055

WATER SUPPLY: Private Public Well Spring Other _____

EVALUATION METHOD: Auger Boring Pit Cut TYPE OF WASTEWATER: Sewage Industrial Process Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	L 7%	0-32	Bk CC	FR, SS, SP, SLP					PS
		32-58	Bk CL(Bk)	" "					
		58"	MSAP			58"			
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):
Available Space (.1945)	<u>Existing</u>	<u>PS</u>	SITE CLASSIFICATION (.1948): <u>PS</u>
System Type(s)	<u>L</u>	<u>Gravel Bed</u>	EVALUATED BY: <u>Zane G.</u>
Site LTAR			OTHER(S) PRESENT: <u>Dust H.</u>

COMMENTS: _____

YADKIN COUNTY ENVIRONMENTAL HEALTH SEPTIC SYSTEM LAYOUT FORM

☒ IMPROVEMENT PERMIT

☒ ATC

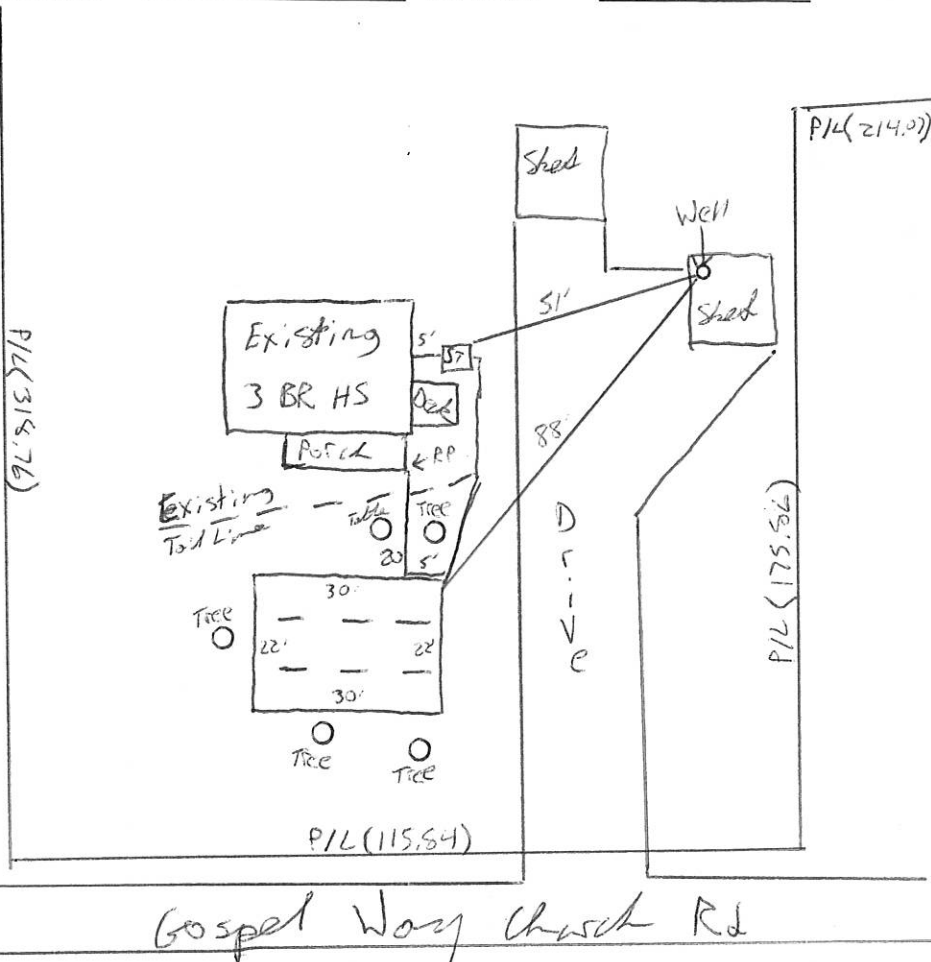
☐ OPERATION PERMIT

NAME Pom Shaw DATE 03-09-2020
 ADDRESS 1905 Gospel Way Church Rd, Yadkinville, NC 27055
 PERMIT # OSWW-008638-2020 PIN# 581500498783 LTAR _____

STS SPECS

NEW OR REPAIR <u>Repair</u>	SEPTIC TANK <u>Existing</u>	TRENCH DEPTH <u>40"</u>
SYSTEM TYPE <u>Existing</u>	PUMP TANK <u>-</u>	COVER DEPTH <u>20"</u>
REPAIR TYPE <u>Gravel Bed</u>	LINEAR FT. _____	STONE DEPTH <u>20"</u>
INSTALLER _____	NO. LINES _____	SYS CLASS <u>II</u>

- No grading/filling in repair area
- Observe and maintain all setbacks
- Gravel bed flagged orange
- Existing tail line flagged yellow
- Property lines per owner
- Divert all surface H₂O away from system
- Maintain Ref Point through final inspection
- Ref Point = porch corner
- Keep bed bottom level
- Two runs of pipe in bed
- Well must be 50' from septic system



The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

COMMENTS/CONDITIONS: Repaired using best professional judgement.

BY: Zone Green REHS DATE: 03-09-2020

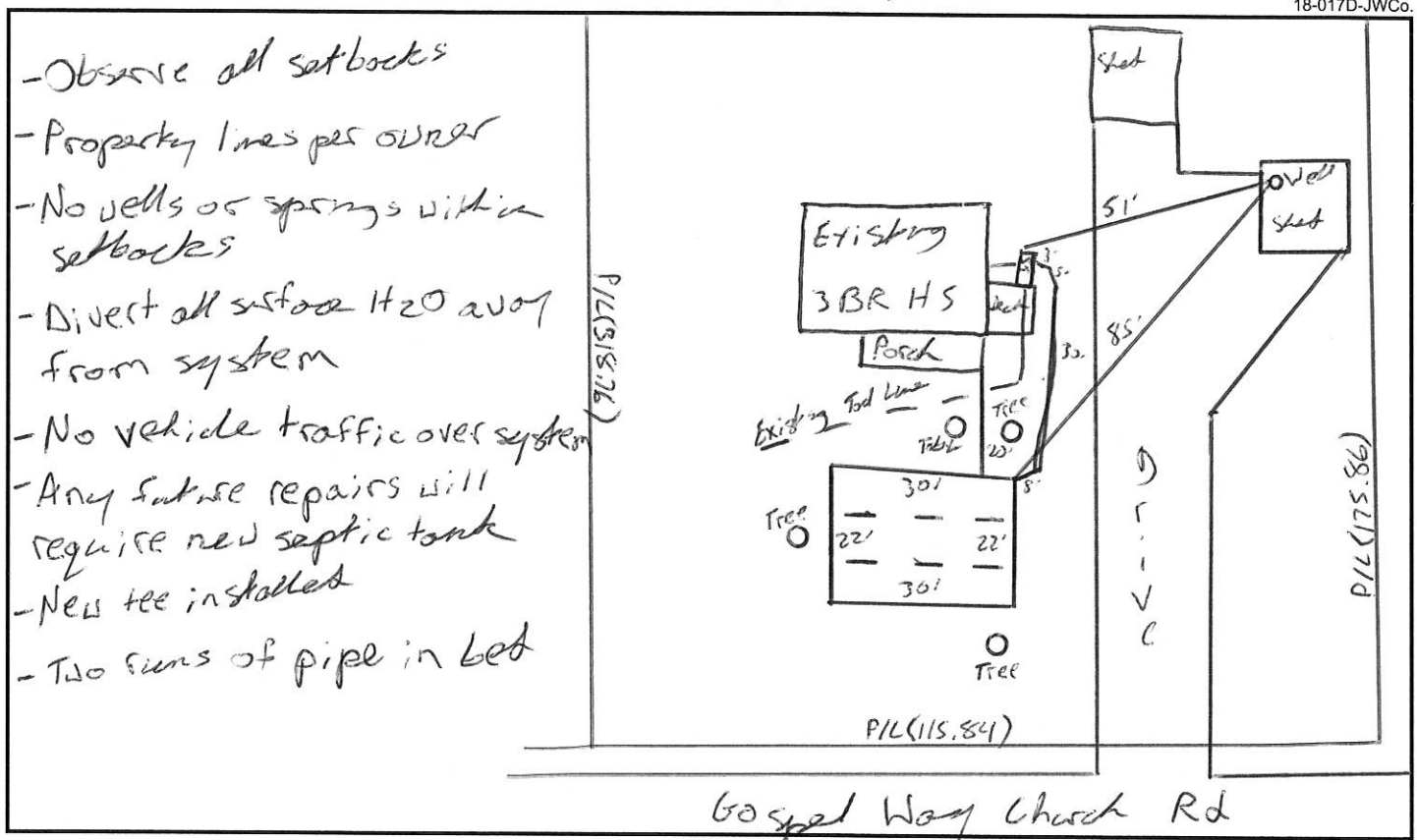


YADKIN COUNTY ENVIRONMENTAL HEALTH OPERATION PERMIT FOR WASTEWATER SYSTEMS

OWNER/APPLICANT: Pam Shaw PERMIT #: OSWN-008638-2020
ADDRESS: 1905 Gospel Way Church Rd, Yadkinville, NC 27055 PARCEL ID: 581500498783
NEW _____ EXPANSION _____ REPAIR ☒ WATER SUPPLY: Well LOT SIZE: 1.1 acres
FACILITY TYPE: House # BEDROOMS: 3 # MAX OCCUPANTS/EMPLOYEES: 6 FLOW: 360 gpd
SYSTEM TYPE: INITIAL: Existing LTAR: _____ REPAIR: Gravel Bed LTAR: _____
PRODUCT TYPE: Gravel MANUFACTURER: _____
SEPTIC TANK #: Existing SIZE: _____ gal PUMP TANK #: _____ SIZE: _____ gal
TOTAL TRENCH LENGTH: 50 ft. TRENCH DEPTH (LOWER SIDE): 40 in. SOIL COVER: 20 in. STONE DEPTH: 20 in.
PUMP REQUIREMENTS: _____ ft. TDH vs. _____ gpm PUMP INFO: _____ INSTALLER: Ron Adams

AS-BUILT DIAGRAM (Not to Scale)

18-017D-JWCo.



This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvements Permit and Construction Authorization. The system shall perform in accordance with Rule .1961. Ground absorption sewage treatment and disposal systems shall be checked and the sewage in the tank removed periodically from all compartments to ensure proper operation of the system. The contents of the tank shall be pumped whenever the solids level is found to be more than 1/3 of the liquid in any compartment. Any questions pertaining to the system should be directed to Yadkin County Environmental Health at (336) 849-7905.

CONDITIONS: Rec pump tank and check tee every 5yrs.
ISSUED BY: Zane Wilson AUTHORIZED STATE AGENT DATE: 04-27-2020