

**WARNING: THIS IS NOT A SURVEY**

**Parcel Information**

<b>Parcel Number:</b>	190000002103	<b>Township:</b>	Fulton
<b>NCPIN Number:</b>	5798279157	<b>Municipality:</b>	
<b>Account Number:</b>	72167000	<b>Census Tract:</b>	37059-804
<b>Listed Owner 1:</b>	SWAIM JIMMY D	<b>Voting Precinct:</b>	FULTON
<b>Mailing Address 1:</b>	418 ZIMMERMAN ROAD	<b>Planning Jurisdiction:</b>	Davie County
<b>City:</b>	ADVANCE	<b>Zoning Class:</b>	DAVIE COUNTY R-A
<b>State:</b>	NC	<b>Zoning Overlay:</b>	
<b>Zip Code:</b>	27006-0000	<b>Voluntary Ag. District:</b>	No
<b>Legal Description:</b>	14.08 AC ZIMMERMAN RD	<b>Fire Response District:</b>	ADVANCE
<b>Assessed Acreage:</b>	7.09	<b>Elementary School Zone:</b>	SHADY GROVE
<b>Deed Date:</b>	2/1998	<b>Middle School Zone:</b>	WILLIAM ELLIS
<b>Deed Book / Page:</b>	002000201	<b>Soil Types:</b>	PaD,PcB2,PcC2
<b>Plat Book:</b>		<b>Flood Zone:</b>	
<b>Plat Page:</b>		<b>Watershed Overlay:</b>	DAVIE COUNTY
<b>Building Value:</b>	0.00	<b>Outbuilding &amp; Extra Features Value:</b>	26820.00
<b>Land Value:</b>	104980.00	<b>Total Market Value:</b>	131800.00
<b>Total Assessed Value:</b>	32630.00		

	<p><b>Davie County, NC</b></p>	<p>All data is provided as is without warranty or guarantee of any kind either expressed or implied including but not limited to the implied warranties of merchantability or fitness for a particular use. All users of Davie County's GIS website shall hold harmless the County of Davie, North Carolina, its agents, consultants, contractors or employees from any and all claims or causes of action due to or arising out of the use or inability to use the GIS data provided by this website.</p>
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AUTHORIZATION NO: 0561

DAVIE COUNTY HEALTH DEPARTMENT

Environmental Health Section

PROPERTY INFORMATION

Permittee's

Name: Jimmy Swain

P.O. Box 848

Mocksville, NC 27028

Phone #: 704-634-8760

Subdivision Name: \_\_\_\_\_

Directions to property: Zimmerman Rd

Section: \_\_\_\_\_ Lot: \_\_\_\_\_

AUTHORIZATION FOR  
WASTEWATER  
SYSTEM CONSTRUCTION

Tax Office PIN: # 190000002103

418 Rd.  
Road Name: Zimmerman Zip: 27006

**\*\*NOTE\*\*** This Authorization for Wastewater System Construction MUST BE ISSUED by the Davie County Environmental Health Section prior to issuance of any Building Permits. This Form/Authorization Number should be presented to the Davie County Building Inspections Office when applying for Building Permits.  
(In compliance with Article 11 of G.S. Chapter 130A, Wastewater Systems, Section .1900 Sewage Treatment and Disposal Systems)

Robert R. Hall  
ENVIRONMENTAL HEALTH SPECIALIST

10/28/06  
DATE ISSUED

**\*\*\*NOTICE\*\*\* THIS AUTHORIZATION FOR WASTEWATER CONSTRUCTION IS VALID FOR A PERIOD OF FIVE YEARS.**

DAVIE COUNTY HEALTH DEPARTMENT  
IMPROVEMENT AND OPERATION PERMITS PROPERTY INFORMATION

Permittee's Name: Jim Swain

Subdivision Name: \_\_\_\_\_

Directions to property: Zimmerman Rd

Section: \_\_\_\_\_ Lot: \_\_\_\_\_

IMPROVEMENT PERMIT

Tax Office PIN#: 296000002103

Road Name: Zimmerman Rd Zip: 27066

**\*\*NOTE\*\* This Improvement Permit DOES NOT authorize the construction or installation of a septic tank system or any wastewater system. An AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION must be obtained from this Department prior to the construction/installation of a system or the issuance of a building permit. (In compliance with Article 11 of G.S. Chapter 130A, Wastewater Systems, Section .1900 Sewage Treatment and Disposal Systems)**

**\*\*\*NOTICE\*\*\* THIS PERMIT IS SUBJECT TO REVOCATION IF SITE PLANS OR THE INTENDED USE CHANGE. YOUR WASTEWATER SYSTEM CONTRACTOR MUST SEE THIS PERMIT BEFORE INSTALLING THE SYSTEM.**

[Signature]  
ENVIRONMENTAL HEALTH SPECIALIST      DATE ISSUED

RESIDENTIAL SPECIFICATION: BUILDING TYPE RAH # BEDROOMS 3 # BATHS 2 # OCCUPANTS 2 GARBAGE DISPOSAL: Yes or No

COMMERCIAL SPECIFICATION: FACILITY TYPE \_\_\_\_\_ # PEOPLE \_\_\_\_\_ # PEOPLE/SHIFT \_\_\_\_\_ # SEATS \_\_\_\_\_ INDUSTRIAL WASTE: Yes or No

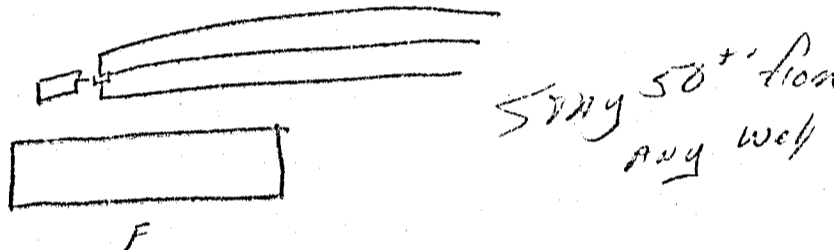
LOT SIZE 1/2 ac TYPE WATER SUPPLY well DESIGN WASTEWATER FLOW (GPD) 360 NEW SITE  REPAIR SITE \_\_\_\_\_

SYSTEM SPECIFICATIONS: TANK SIZE 1000 GAL. PUMP TANK \_\_\_\_\_ GAL. TRENCH WIDTH 36' ROCK DEPTH 12' LINEAR FT. 300'

OTHER \_\_\_\_\_

REQUIRED SITE MODIFICATIONS/CONDITIONS: \_\_\_\_\_

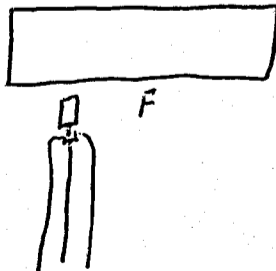
IMPROVEMENT PERMIT LAYOUT



**\*\*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 THE DAY OF INSTALLATION. TELEPHONE # IS (704) 634-8760.**

OPERATION PERMIT

SYSTEM INSTALLED BY: Self



AUTHORIZATION NO. 0561 OPERATION PERMIT BY: Self DATE: 10/2/96

**\*\*THE ISSUANCE OF THIS OPERATION PERMIT SHALL INDICATE THAT THE SYSTEM DESCRIBED ABOVE HAS BEEN INSTALLED IN COMPLIANCE WITH ARTICLE 11 OF G.S. CHAPTER 130A, SECTION .1900 "SEWAGE TREATMENT AND DISPOSAL SYSTEMS", 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/IMPROVEMENT PERMIT & ATC

Davie County Health Department  
 Environmental Health Section  
 P. O. Box 848  
 Mocksville, NC 27028  
 (704) 634-8760

10/23/96

\*\*\*\*IMPORTANT\*\*\*\* THIS APPLICATION CANNOT BE PROCESSED UNLESS ALL THE REQUIRED INFORMATION IS PROVIDED.

- Name to be Billed Jimmy D Swain Contact Person \_\_\_\_\_  
 Mailing Address 138 Gray Sheets Rd. Home Phone 998-5225  
 City/State/Zip Advance N.C. Business Phone 910-712-0010
- Name on Permit/ATC if Different than Above \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_
- Application For:  Site Evaluation  Improvement Permit & ATC  Both
- System to Serve:  House  Mobile Home  Business  Industry  Other \_\_\_\_\_
- If Residence: # People 3 # Bedrooms 2 # Bathrooms 1  
 Dishwasher  Garbage Disposal  Washing Machine  Basement/Plumbing  Basement/No Plumbing
- If Business/Other: Specify type \_\_\_\_\_ # People \_\_\_\_\_ # Sinks \_\_\_\_\_  
 # Commodes \_\_\_\_\_ # Showers \_\_\_\_\_ # Urinals \_\_\_\_\_ # Water Coolers \_\_\_\_\_  
 If Foodservice: # Seats \_\_\_\_\_ Estimated Water Usage (gallons per day) \_\_\_\_\_
- Type of water supply:  County/City  Well  Community
- Do you anticipate additions or expansions of the facility this system is intended to serve?  Yes  No  
 If yes, what type? \_\_\_\_\_

<p><b>PROPERTY INFORMATION REQUIRED: *** IMPORTANT *** A PLAT OF THE PROPERTY MUST BE SUBMITTED WITH THIS APPLICATION.</b></p>	
Property Dimensions: <u>27AC</u> Tax Office PIN: # <u>I 9000000 2103</u> Property Address: Road Name <u>Zimmerman</u> City/Zip <u>Advance, N.C.</u>	<p><b>WRITE DIRECTIONS (from Mocksville) TO PROPERTY:</b></p> <u>Zimmerman - Private</u> <u>Dr to left -</u> <u>Follow to Bar</u>
If in Subdivision provide information, as follows: Name: _____ Section: _____ Lot #: _____	_____ _____ _____

This is to certify that the information provided is correct to the best of my knowledge. I understand that any permit(s) issued hereafter are subject to suspension or revocation, if the site plans or intended use change, or if the information submitted in this application is falsified or changed. I, also, understand that I am responsible for all charges incurred from this application. I, hereby, give consent to the Authorized Representative of the Davie County Health Department to enter upon above described property located in Davie County and owned by \_\_\_\_\_ to conduct all testing procedures as necessary to determine the site suitability.

DATE 10/23/96 SIGNATURE Jimmy Dale Swain

**DAVIE COUNTY HEALTH DEPARTMENT**  
**Environmental Health Section**  
**Soil/Site Evaluation**

NAME Swain  
 ADDRESS \_\_\_\_\_  
 PROPOSED FACILITY MH

DATE EVALUATED 10/28/96  
 PROPERTY SIZE 5 AC  
 LOCATION OF SITE Zimmerman

Water Supply: On-Site Well  Community \_\_\_\_\_ Public \_\_\_\_\_  
 Evaluation By: Auger Boring  Pit \_\_\_\_\_ Cut \_\_\_\_\_

FACTORS	1	2	3	4	5	6	7
Landscape position	L	L	L				
Slope %	2	2	2				
HORIZON I DEPTH							
Texture group							
Consistence							
Structure							
Mineralogy							
HORIZON II DEPTH	36"	36"	36"				
Texture group	C	C	C				
Consistence	FS	FS	FS				
Structure	SBK	SBK	SBK				
Mineralogy	1:1	1:1	1:1				
HORIZON III DEPTH							
Texture group							
Consistence							
Structure							
Mineralogy							
HORIZON IV DEPTH							
Texture group							
Consistence							
Structure							
Mineralogy							
SOIL WETNESS							
RESTRICTIVE HORIZON							
SAPROLITE							
CLASSIFICATION	PS	P	PS				
LONG-TERM ACCEPTANCE RATE	.4	.4	.4				

SITE CLASSIFICATION: PS EVALUATED BY: Hall

LONG-TERM ACCEPTANCE RATE: .4 OTHER(S) PRESENT: \_\_\_\_\_

REMARKS: \_\_\_\_\_

**LEGEND**

**Landscape Position**

R-Ridge S-Shoulder L-Linear slope FS-Foot slope N-Nose slope  
 CC-Concave slope CV-Convex slope T-Terrace FP-Flood plain H-Head slope

**Texture**

S-Sand LS-Loamy sand SL-Sandy loam L-Loam SI-Silt  
 SICL-Silty clay loam SIL-Silty loam CL-Clay loam SCL-Sandy clay loam  
 SC-Sandy clay SIC-Silty clay C-Clay

**CONSISTENCE**

**Moist**

VFR-Very friable FR-Friable FI-Firm VFI-Very firm EFI-Extremely firm

**Wet**

NS-Non sticky SS-Slightly sticky S-Sticky VS-Very Sticky  
 NP-Non plastic SP-Slightly plastic P-Plastic VP-Very plastic

**Structure**

SC-Single grain M-Massive CR-Crumb GR-Granular ABK-Angular blocky  
 SBK-Subangular blocky PL-Platy PR-Prismatic

**Mineralogy**

1:1, 2:1, Mixed

**Notes**

- Horizon depth - In inches
- Depth of fill - In inches
- Restrictive horizon - Thickness and inches from land surface
- Saprolite - S(suitable), U(unsuitable)
- Soil wetness - Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less
- Classification - S(suitable), PS(provisionally suitable), U(unsuitable)
- LTAR - Long-term acceptance rate - gal/day/ft<sup>2</sup>

