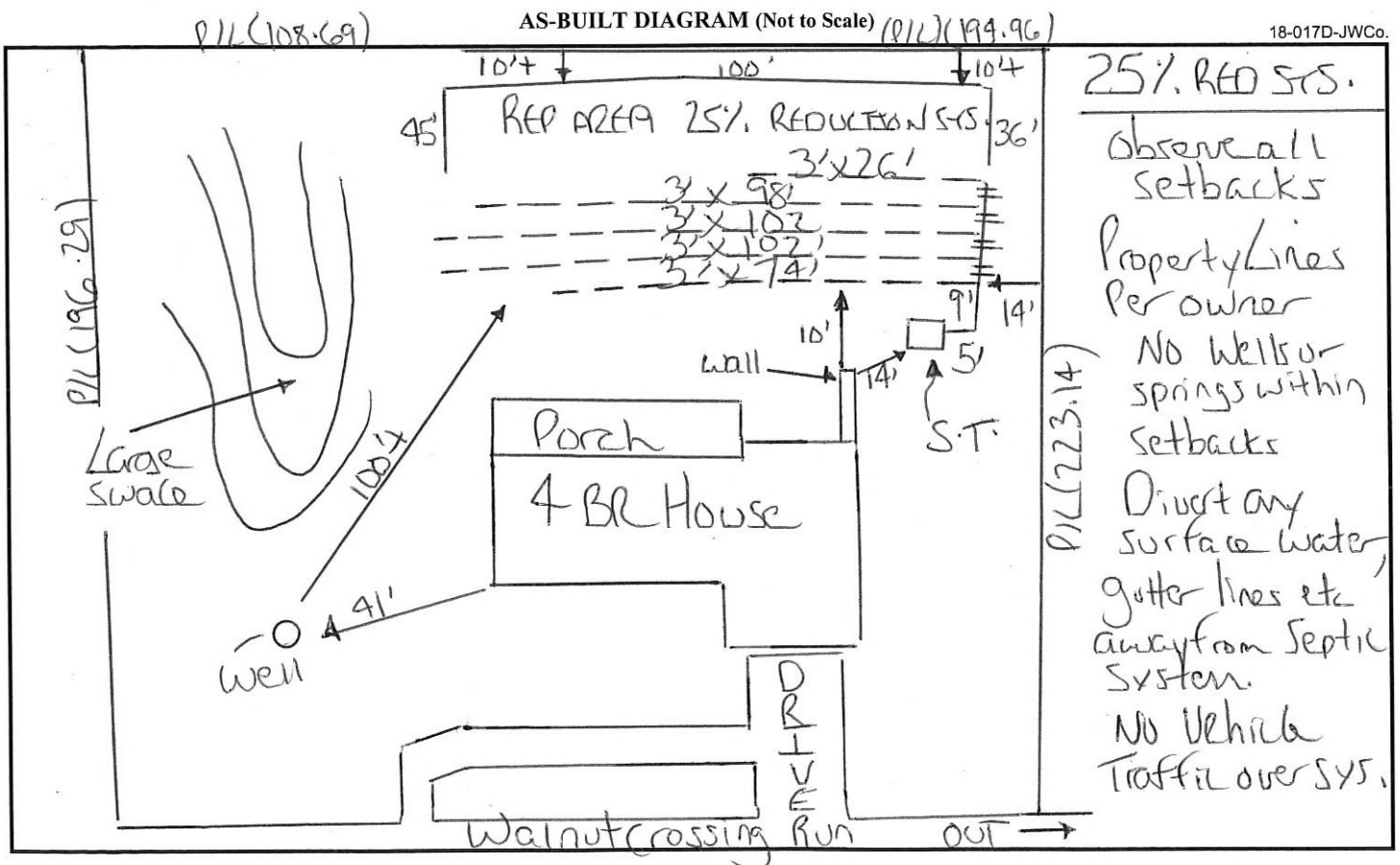




YADKIN COUNTY ENVIRONMENTAL HEALTH OPERATION PERMIT FOR WASTEWATER SYSTEMS

OWNER/APPLICANT: Randy Wood PERMIT #: 05WW-002892-2018
 ADDRESS: 2150 Walnut crossing Run Yadkinville NC 27055 PARCEL ID: 58470003493
 NEW EXPANSION REPAIR WATER SUPPLY: _____ LOT SIZE: ?
 FACILITY TYPE: House # BEDROOMS: 4 # MAX OCCUPANTS/EMPLOYEES: 8 FLOW: 480 gpd
 SYSTEM TYPE: INITIAL: 25% Reduction LTAR: 0.3 REPAIR: 25% Reduction LTAR: 0.3
 PRODUCT TYPE: Chambers Q4 MANUFACTURER: Infiltrator
 SEPTIC TANK #: Shorr STB 760 SIZE: 1000 gal PUMP TANK #: _____ SIZE: _____ gal
 TOTAL TRENCH LENGTH: 42 ft. TRENCH DEPTH (LOWER SIDE): 28 in. SOIL COVER: 16 in. STONE DEPTH: _____ in.
 PUMP REQUIREMENTS: _____ ft. TDH vs. _____ gpm PUMP INFO: _____ INSTALLER: Frank Tronou



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 owner to pump tank & clean filter every 3-4 yrs
 ISSUED BY: (Signature) AUTHORIZED STATE AGENT DATE: 9/9/2019

YADKIN COUNTY ENVIRONMENTAL SERVICES
SEPTIC SYSTEM LAYOUT FORM

IMPROVEMENT PERMIT

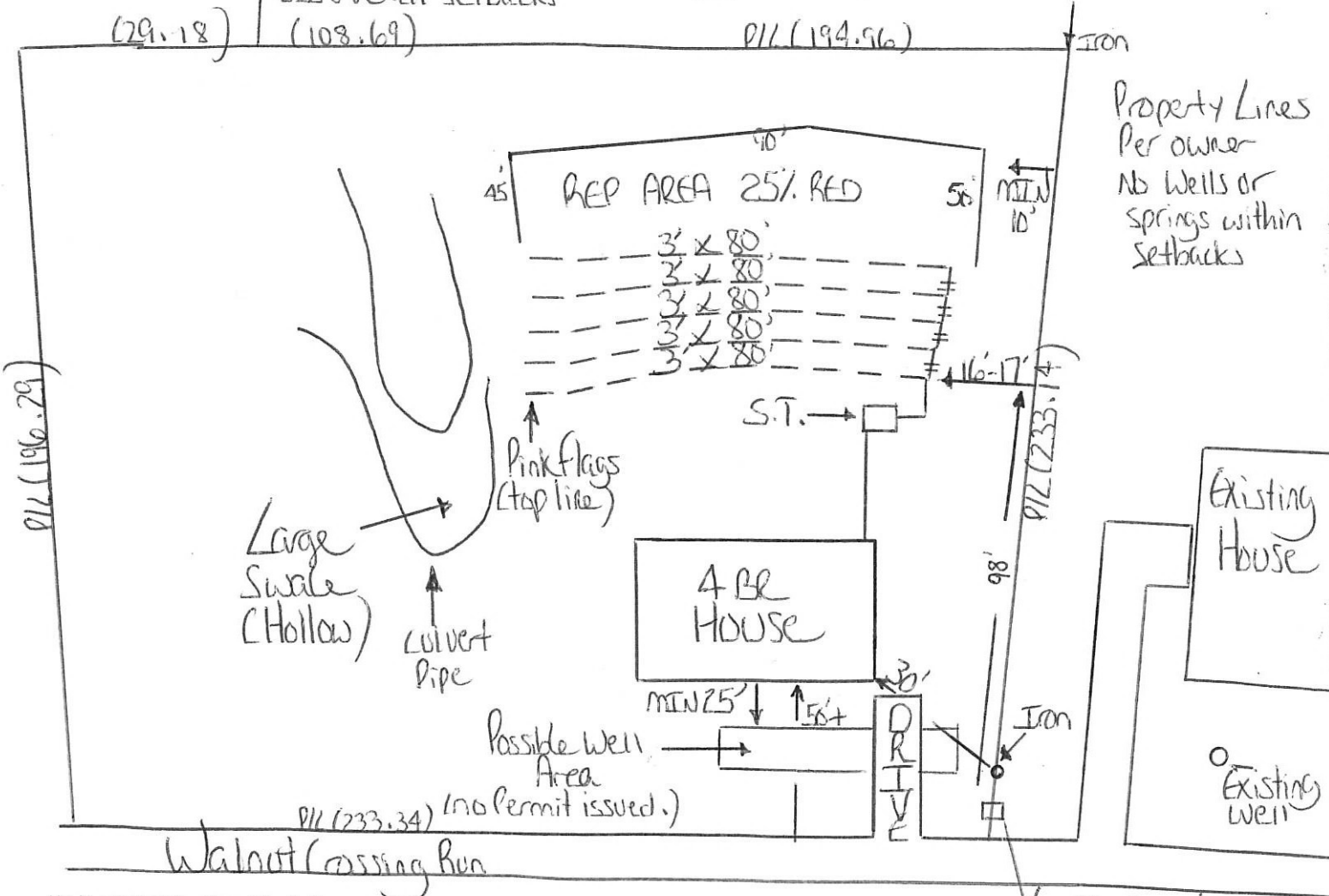
ATC

OPERATION PERMIT

NAME: Randy Wood (Walnut Crossing Lot #20) DATE: 1/26/2018
 ADDRESS: 2150 Walnut Crossing Ln Yadkinville NC 27055 Parcel # 584700003493
 PERMIT #: 05WW - 002892 - 2018 YEAR: 03

STS SPECS			
NEW OR REPAIR	<u>New</u>	SEPTIC TANK	<u>1000</u>
SYSTEM TYPE	<u>25% Reduction</u>	PUMP TANK	<u>NA</u>
REPAIR TYPE	<u>25% Reduction</u>	LINEAR FT.	<u>400</u>
INSTALLER		NO. LINES	<u>5</u>
		TRENCH DEPTH	<u>26"</u>
		COVER DEPTH	<u>14"</u>
		STONE DEPTH	<u>NA</u>
		SYS CLASS	<u>#</u>

25% REDUCTION SYSTEM
 Install Trenches at 26" with 14" of cover
 Observe all setbacks



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 authorization is not a guarantee of the accuracy of the information provided or the standard of work. The permit holder is responsible for ensuring that the work is completed in accordance with the provisions of the Laws and Rules for Sewer Treatment and Disposal and to the conditions of this permit.

COMMENTS/CONDITIONS

Randy Wood

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

OWNER: Randy Wood APPLICATION DATE _____
 ADDRESS: _____ DATE EVALUATED: _____
 PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
 LOCATION OF SITE: _____ PROPERTY RECORDED: _____

WATER SUPPLY: Private Public Well Spring Other _____
 EVALUATION METHOD: Auger Boring Pit Cut TYPE OF WASTEWATER: Sewage Industrial Process Mixed

P R O F I L E #	.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									
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): _____ SITE CLASSIFICATION (.1948): _____ EVALUATED BY: _____ OTHER(S) PRESENT: _____
Available Space (.1945)			
System Type(s)			
Site LTAR			

COMMENTS: _____