

FEE 20.00 5/12/89

APPALACHIAN DISTRICT HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
Boone 264-4995 Jefferson 246-9449 Sparta 372-8813
IMPROVEMENTS PERMIT - CERTIFICATE OF COMPLETION

PERMIT

Nº 951858

OWNER Richard Ammonson COUNTY Watauga
LOCATION Valle View off Rock, Mt. Rd.

PHONE _____
SUBDIVISION NAME Valle View LOT NO. 15 SECTION NO. _____

THIS SYSTEM DESIGNED FOR:

RESIDENTIAL ☒ NO. OF UNITS 1

NO. OF BEDROOMS 4

BUSINESS _____

OTHER _____

ESTIMATED DAILY FLOW RATE 480 GAL./DAY

SPECIAL FIXTURES _____

BASEMENT: NO () YES (☒ Fixtures in Basement ()

REPAIR AREA REQUIRED: YES (☒ NO ()

WATER SUPPLY: WELL (☒ SPRING ()

PRIVATE () PUBLIC (☒)

FmHA () FHA () VA ()

TYPE SYSTEM INSTALLED Trenches

Site Classification: () Suitable

Provisionally Suitable (☒)

Soil Group TII Texture PS Depth PS

Slope (%) PS Restrictive Horizons (In.) PS

Soil Drainage/Groundwater S

Soil Permeability _____

Application Rate 6 Septic Tank Size 1000 Gal.

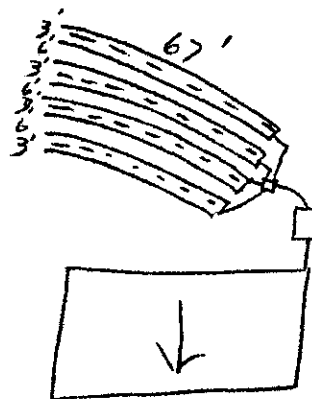
Drainfield Size (sq. ft.) Trench 800 Bed _____

Stone Depth 12"

Other: _____

COMMENTS/SPECIAL INSTRUCTIONS System 10' off property line/ water level
D-1304 / Seal tank

APPROVED SITE PLAN



Note: System must be installed as shown except by prior approval.

Installed by: _____

I certify that I have reviewed and agree to the provisions of this permit and any changes will be made only with prior Health Department approval. Note: Grading or excavating could change site suitability.

I certify that the information on this application is true and correct and will not be altered without prior Health Department Approval.

Owner/Agent

Improvements Permit by A. J. Lusk

Note: Improvements Permit valid for 36 months from date of issue.

Date

Date 5-12-89

Certification of Completion by _____

Date _____

FEE \$30.00

APPALACHIAN DISTRICT HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

SE No 1666

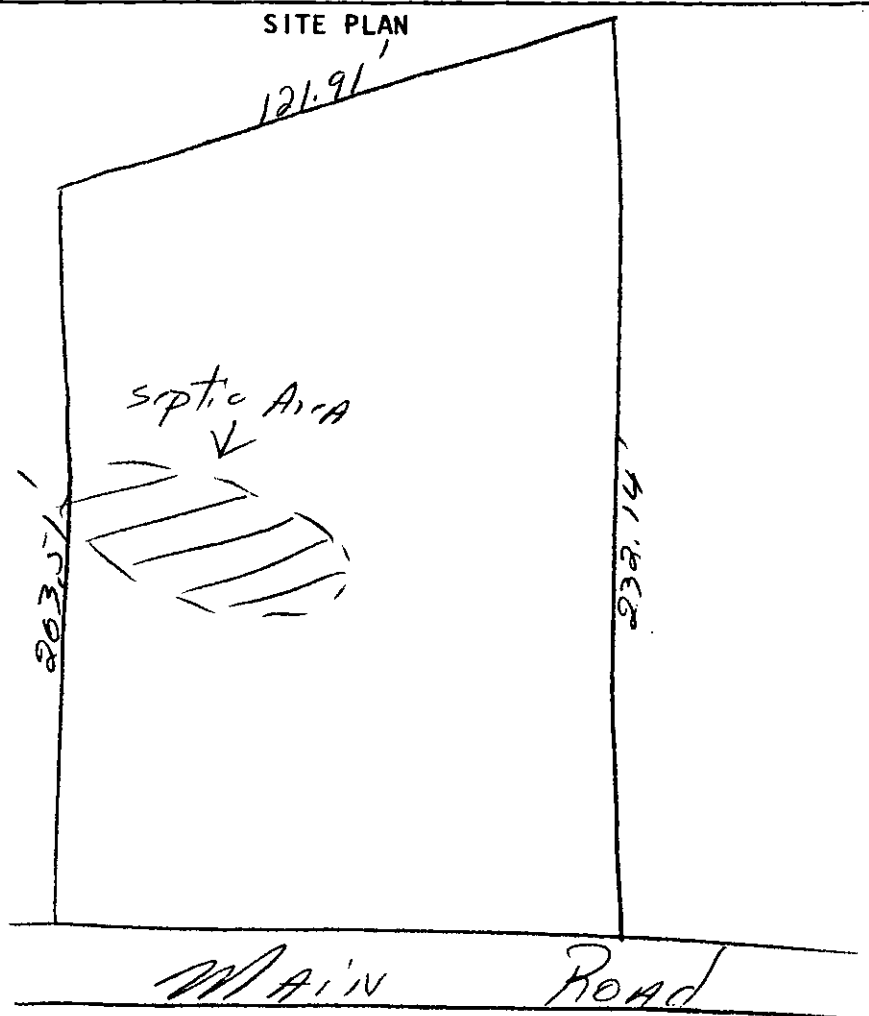
Site Evaluation for Ground Absorption Sewage Disposal

REQUESTED BY Richard GoodmanCOUNTY WataugaSUBDIV. Vale ViewLOT # 15LOCATION off Rocky Mt. RoadLOT SIZE .649 TAX MAP REF. #

| FACTORS | CLASSIFICATION |
|---|---------------------|
| SLOPE (%) | S <u>PS</u> U |
| SOIL TEXTURE (12-36 In.) (Sandy, loamy, clayey) | S <u>PS</u> U |
| SOIL STRUCTURE (12-36 In.) (Clayey Soils) | S <u>PS</u> U |
| SOIL DEPTH (In.) | S <u>PS</u> U |
| RESTRICTIVE HORIZONS (In.) (Impervious Strata, rock) | S <u>PS</u> U |
| SOIL DRAINAGE/GROUNDWATER (External & Internal) | S <u>PS</u> U |
| SOIL PERMEABILITY (Percolation Rate) | S PS U |
| OTHER (Specify) | S PS U |

COMMENTS:

Must use trenches on
this pt.



SITE CLASSIFICATION: S-SUITABLE ☐ PS-PROVISIONALLY SUITABLE ☒ U-UNSUITABLE ☐

Described By: A. L. Layman Date 5-9-89

Title Regulatory Assistant

Note: This is not a permit to install a sewage disposal system but merely an evaluation of the factors which determine site suitability. A permit must be obtained from the local health department before beginning construction. A permit for the proposed structure is issued and a sewage system designed on the basis of site classification, estimated daily sewage flow and available space. Evaluation based on current regulations. Changes in these regulations could effect site suitability.

FEE: _____

Appalachian District Health Department
Environmental Health Section
Boone 264-4995 Jefferson 246-9023 Sparta 372-8813

APPLICATION FOR SITE EVALUATION/IMPROVEMENTS PERMIT

Date _____

OWNER/AGENT RICHARD W GROUNDMAN COUNTY WATAUGA PHONE 297 8567

PRESENT ADDRESS PO BOX 1165 BOONE

LOCATION OF PROPERTY _____

SUBDIVISION NAME VALLEY VIEW LOT NO 15 SECTION NO. _____

LOT SIZE .649 ACRES TAX MAP REF. # _____

APPLICATION FOR: Residential ✓ No. of Bedrooms 4 No. of Bathrooms 4

Business _____ Describe (# Persons Served) _____

Other _____ Describe _____

SPECIAL FIXTURES: (Jacuzzi, hottub, pools, etc.) _____

Show location of property corners

Show location of building

Show location of well/water lines

Show location of driveway

Show any surface water (springs,
streams, rivers, ponds, etc.)

Show adjacent/neighbors wells
or springs.

.....

FEE SCHEDULE:

Site Evaluation \$30.00

Single Family 20.00

Multi-Family Dwellings

First Unit 20.00

Second Unit 20.00

Each additional unit 10.00

Commercial/Business/Other

Under 3,000 gal. 50.00

Over 3,000 gal. & less
than 6,000 gal. 75.00

Over 6,000 gal. 100.00

Lot Area:

A copy of the plat of the property must be provided by the applicant and attached to this application. ALL PROPERTY CORNERS must be clearly and correctly identified.

Recommended that owner (buyer or seller) accompany health dept. representative to property.

I certify that the information on this application is true and correct and will not be altered without prior Health Department Approval.

Richard W Groundman
Applicant

N