



BREAK

ROWAN COUNTY HEALTH DEPARTMENT

12923

Environmental Health Section

2728 OLD CONCORD ROAD

SALISBURY, N. C. 28146 - TEL. (704) 633-0411

Permit # _____ is invalid.

IMPROVEMENTS PERMIT FOR:

New Repair Layout

OWNER DANNO WOOD

App. # _____ TOWNSHIP LOCKE

ADDRESS 2310 S. MAIN ST Salisbury, N.C.

MAP 451 A

LOCATION WESTWOOD OFF HARRISON RD
to lot # 35 ON LF

Sub. WESTWOOD PARCEL Part of 8 218

Lot # 35 Sec. 6 H.D. # _____

Permit Fee Paid REC. # 11520

TYPE OF SYSTEM AND STRUCTURE

Conventional Pump _____ LPP _____ Other _____

House _____ MH Other _____

Residents _____ Bedrooms 3 A. R. 4 EDF 360 gal.

Water Comm Septic Tank w/Baffle 900 gal.

Pump Chamber _____ Nit. Lines 900 sq. ft.

SANITARIAN Spiff Juck DATE 4/22/92

SYSTEM INSTALLER

1. Entire system must be installed as shown. Any change requires prior approval by the Rowan County Health Department.
2. System installer is required to provide a level-transit, set in place, for final inspection.

CERTIFICATE OF

COMPLETION OPERATIONS PERMIT

Septic Tank 900 gal. Mfg. SCP 3/30/92

Pump Chamber _____ gal. Mfg. _____

Nitrification Lines 900

Distance from system to water supply 100' ft.

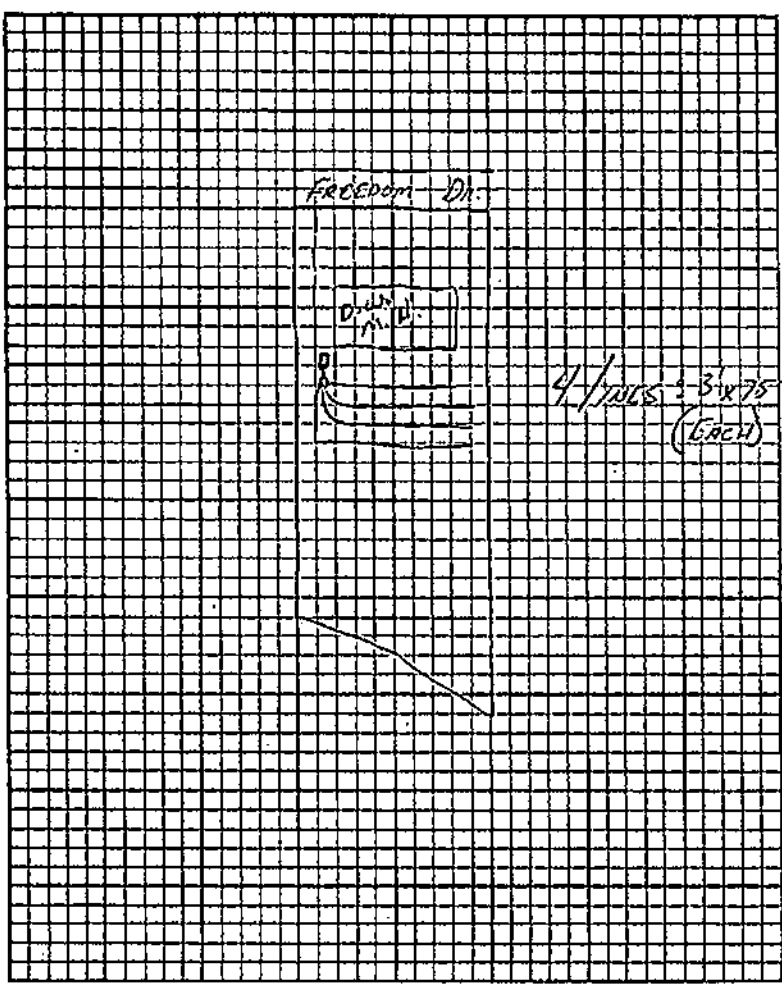
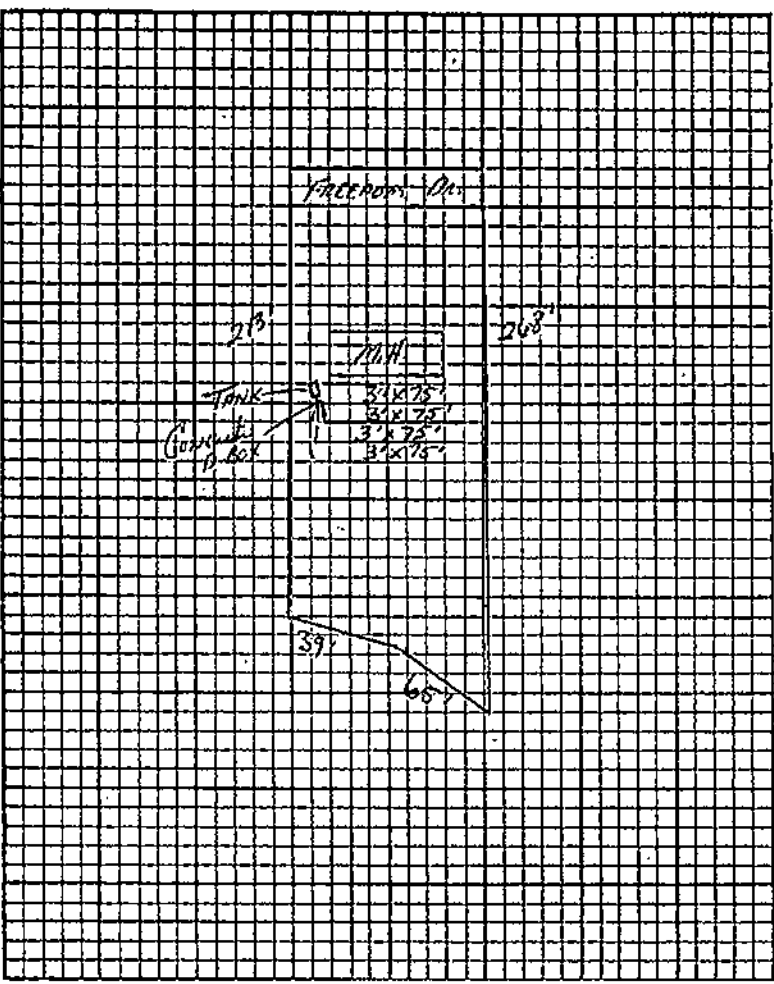
Engineer _____

Installed by Potts

SANITARIAN Spiff Juck DATE 4/27/92

OWNER

1. Sow grass over septic tank and all nitrification lines.
2. Divert all gutter and surface water away from system.



Actions of representatives of the Rowan County Health Department shall in no way be taken as a guarantee that this sewage treatment and disposal system will function in a satisfactory manner for any given period of time, or that such employees assume any liability for damages, consequential or direct, which are caused or which may be caused, by a malfunction of this system. This permit is not transferable and shall become invalid 60 months from the date of issue. If the installation has not been completed during that time period, the information submitted in the application is falsified or changed or the site is altered, this permit shall become invalid. When this permit becomes invalid, the installation shall not be commenced or completed until a new improvements permit has been obtained.

Danno Wood
OWNER/AUTHORIZED AGENT

4-23-92
DATE

ROWAN COUNTY HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH SECTION
 APPLICATION FOR SOILS/SITE EVALUATION/IMPROVEMENTS PERMIT

SERVICE REQUESTED	FEE	DEVELOPMENT	PROPERTY DESCRIPTION
<input checked="" type="checkbox"/> Evaluation-Residential	25.00	Subdivision	Township <u>LOCK</u>
<input type="checkbox"/> Evaluation-Non Residential		Name <u>WESTWOOD</u>	Map No. <u>451</u>
<input type="checkbox"/> Preliminary Evaluation		Mobile Home Park	Parcel <u>P000 of 4</u>
<input type="checkbox"/> System Layout-Residential		Name _____	H.D.# _____
<input type="checkbox"/> Layout-Non Residential		Block <u>SEC. 6</u>	Lot Size _____
<input checked="" type="checkbox"/> Improvements Permit (PAY FEE WHEN ISSUED)		Lot # <u>35</u>	Acreage <u>0.530</u>
<u>RD R11520 4-23-92 SO</u>			Permit # <u>12923</u>
Appointment <u>4/22/92</u> <u>3</u> Sanitarian <u>JR</u> <u>Approved</u>			

1. Property Owner David Wood / WESTWOOD Phone Home (704) 636-7765
 Address 2310 S. Main St. Salisbury, NC. Work _____

2. Applicant SM Phone Home _____
 Address _____ Work _____

3. Location of Property off Harrison Road

4. Permit requested: New Addition _____ Repair _____ House _____ Mobile Home Privy _____
 Business or Other (be specific) _____

Any industrial waste? _____

STRUCTURE DETAILS EDF _____

No. Bedrooms _____ Occupants _____

Number of rooms with closets _____

Will structure have basement? _____

Will you have running water? _____

Will you have electric power? _____

WATER SUPPLY

Municipal (name) WESTWOOD

Community (name) WESTWOOD

Neighbors (name) _____

Number of people well serves _____

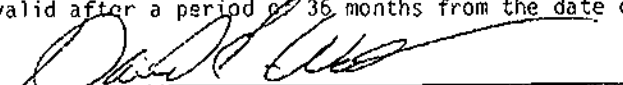
Number of connections to well _____

Is there any well on property? _____

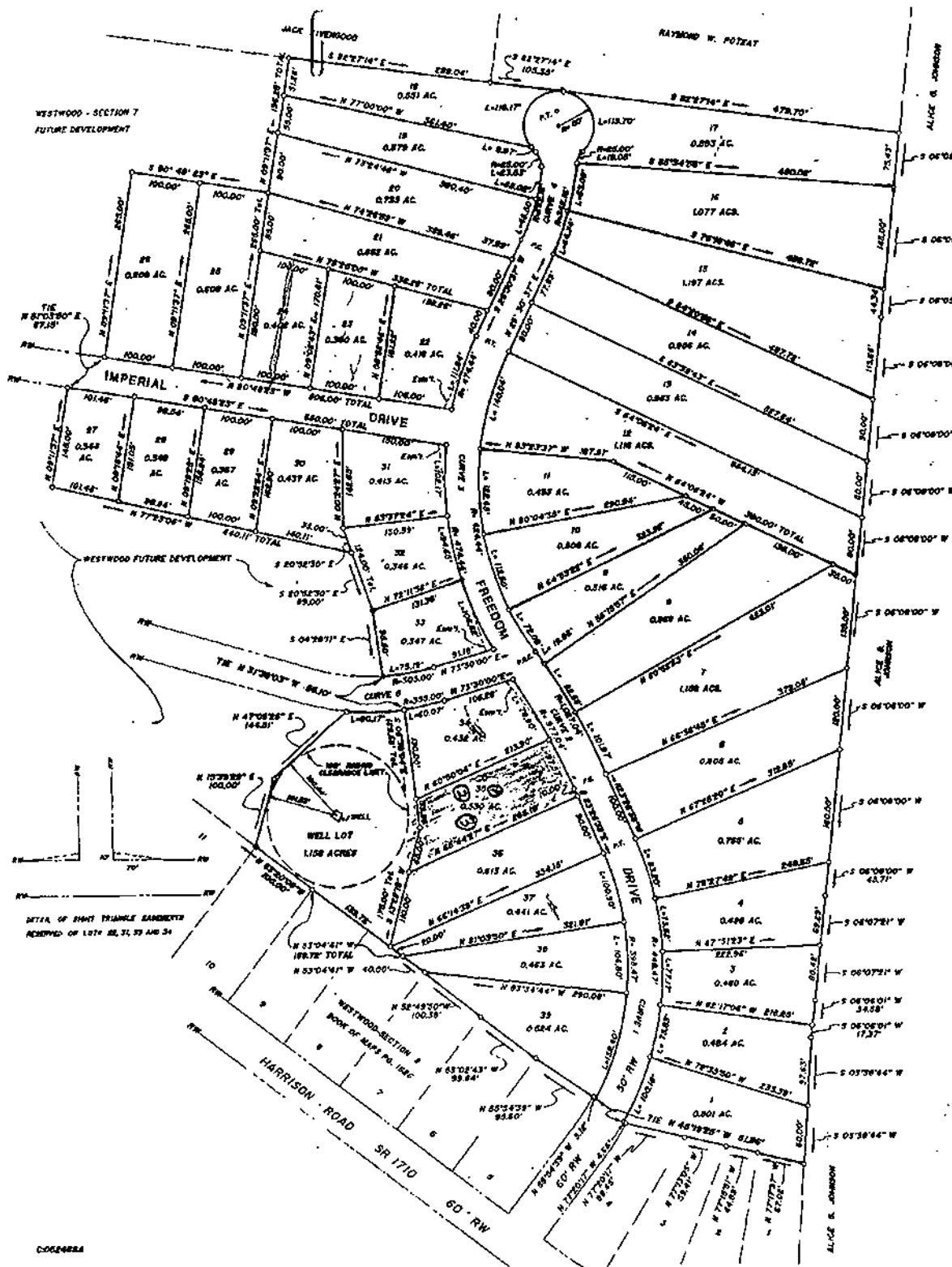
Will you have your own well? _____

SITE PLAN: In the space provided, diagram property as accurately as possible. Show dimensions and name adjoining roads. Accurately draw and show dimensions of all structures located or to be located on the property including well, driveway, parking area, swimming pool, water lines, etc. Show location of any existing sewage disposal systems. Include any information which might affect the evaluation.

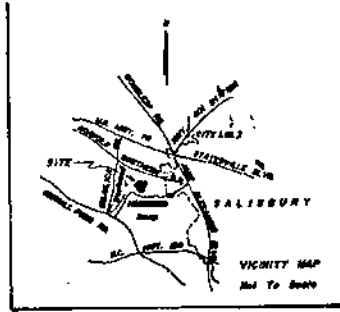
I HEREBY make application to the Rowan County Health Department for a soils/site evaluation for an on-site wastewater disposal system to serve the property as described hereinabove and I attest to all of the following. That I have proper legal authority to, and do hereby, authorize representatives of the Rowan County Health Department to enter upon said property and conduct tests for the requested evaluation and from time to time, at their discretion, for future inspection purposes of any wastewater disposal system permitted and installed upon the property thereafter. That the contents of this application are complete and true and represent the maximum facilities to be placed on the property. That I have received a copy of the Rowan County Soils/Site Evaluation Instruction Guide and that I understand and agree to be bound by all provisions therein. I understand that if any of the facts contained in the application are found to be false or that if substantial changes are made, the permit shall become invalid. All permits shall become invalid after a period of 36 months from the date of issue.


 Signature of Applicant

4/10/92
 Date



NOTE: TOTAL AREA OF LOTS 1 - 39 AND THE AREAS OF THE RIGHTS-OF-WAY IN THIS SECTION IS 26.441 ACRES.



	CURVE 1	CURVE 2	CURVE 3	CURVE 4	CURVE 5
Δ	50°26'30"	11°23'03"	80°21'00"	35°00'00"	35°18'42"
R	483.47'	1,008.04'	649.44'	317.18'	330.00'
T	296.97'	100.00'	81.55'	100.00'	95.48'
CHORD	106°26'22" E 668.28'	253°08'34.0" W 190.01'	104°28'21" W 193.74'	109°00'37" E 188.76'	288°28'21" W 186.46'

Certificate of Approval for Recording Plat and Acceptance of Dedications:

I do hereby certify that on the 1st day of August, 1989, the City Council of the City of Salisbury approved this plat for recording and accepted the dedication of the streets, easements, rights-of-way and public parks and other sites for public purposes as shown hereon, but assume no responsibility to open or maintain the same until, in the opinion of the governing body of the City of Salisbury, it is in the public interest to do so.

8-1-89 Date Thomas P. Petro City Clerk

I, RICHARD L. SHURENBURGER REGISTERED LAND SURVEYOR CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL FIELD SURVEY MADE UNDER MY SUPERVISION. THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:100,000. THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY HAND AND SEAL THIS 1st DAY OF July, 1989.



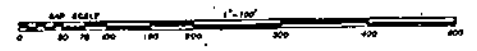
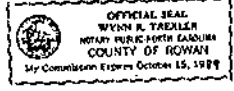
**Westwood
Sec. 6
Lot #35**

(a) Certificate of Ownership and Dedication.

I (We) hereby certify that I (we) are the owner(s) of the property shown and described hereon and that I (we) hereby adopt this plan of subdivision with my (our) free consent, establish minimum building lines, and dedicate all streets, alleys, walks, parks, and other sites to public or private use as noted. Further, I (we) certify the land as shown hereon is within the platting jurisdiction of the City of Salisbury.

8-2-89 Date David L. Wood Owner

I, Wynn A. Threlker, Notary Public in and for Rowan County, N.C., certify that Richard L. Shurenburger, Registered Land Surveyor, personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and seal this 19th day of July, 1989.



WESTWOOD SECTION 6	
Scale: 1" = 100'	Surveyed by:
Date: 12-15-87	
LOCALITY: TOWNSHIP - ROWAN COUNTY, NORTH CAROLINA REF. D.E. 378 PAGE 14, TAX MAP 401 PART OF PARCEL 9	
SURVEY & MAP BY SHURENBURGER SURVEYING COMPANY 616 N. MAIN ST., SALISBURY, N. C. PHONE 837-9822	

SOIL/SITE EVALUATION WORKSHEET

Date 4/22/92 Phone _____
 Owner David Wood Address 2310 S. Main St. Salisbury N.C.
 Property Location Westwood Lot # 35 Sec 6 OFF Harrison Rd.
 Property Size _____ Source of Water Comm Structure No. Bedrooms NAH 3 BR's
 Participants DAVID WOOD, JEFF LINK
 Persons Contacted SAME

Soil Factors	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
1. % Slope & Topography						
Soil Depth						
2. Horizon I Depth	0-6"	0-4"	0-6"			
Texture & Group	Clp III	Clp III	Clp III			
Consistence	FRI	FRI	FRI			
Structure						
Horizon II Depth	6-36"	4-36"	6-36"			
Texture & Group	Clp IIIA	Clp IIIA	Clp IIIA			
Consistence	FIRM	FIRM	FIRM			
Structure						
Horizon III Depth						
Texture & Group						
Consistence						
Structure						
Horizon IV Depth						
Texture & Group						
Consistence						
Structure						
Horizon V Depth						
Texture & Group						
Consistence						
Structure						
3. Restrictive (>48") Horizon (36-48" (<36"))						
4. Depth to (>48") Watertable (<36")						
5. Available Space	S	PS	U			
6. Application Rate						
7. Site Class	S	PS	U			

Comments: _____

