

pd. 4/9/21
pd. 150.00



Montgomery County Central Permitting Environmental Health Division

444 N. Main St.
Troy NC 27371

Phone: (910) 572-8175
Fax: (910) 576-0043

Construction Authorization Request

(Additional Fees Required) No Pump \$100.00, With Pump \$150.00

Permit Number: 2021068

I, Danny Alderman, am the current owner of
Print Your Name

Lot _____, and/or land location 1852 OKeewamee Rd Troy, NC 27371
Number Subdivision Name & Lot or Address of Property

Any alterations in site or soil conditions (including location of structures and appurtenances) will require additional paperwork requesting these changes.

Select One:

I accept the specifications of this permit, including the site sketch.

I am requesting changes from the original site sketch.

Permission is granted to the Montgomery County Health Department to perform the necessary evaluations and inspections on the property.

Owners Signature: Danny W Alderman

Mailing Address: 108 Cardinal Ave
Troy, NC 27371

Email: talderman196@yahoo.com

Phone: 336-462-4397

Date: 4-1-21

Montgomery County Health Department Environmental Health Section

Applicant: Danny Alderman Permit Number: 2021068
 Owner: Danny and Tanna Alderman PIN #: 765000075559
 Proposed Use: SFR Water Supply: Private
 Subdivision or SR: Okeewemee Road Lot #: _____ Section #: _____ Map #: _____

IMPROVEMENT PERMIT

System: New Projected Design Flow: 240 GPD Type of Wastewater: domestic
 # of Bedrooms: 2 # of Occupants: 4 Basement: Yes Basement Fixtures: Yes # of Employees: _____ # of Seats: _____
 Proposed Wastewater System Type: Pump Conventional LTAR for Initial System: .275 GPD/Sq. Ft.
 Proposed Repair System Type: Pump 25% Reduction LTAR for Repair System: .275 GPD/Sq. Ft.

IMPROVEMENT PERMIT CONDITIONS: ***SEE ATTACHED SITE SKETCH

Permit issued for 2-BR Residential
 Initial: Pump Conventional
 Repair: Pump 25% Reduction

The issuance of this Improvement Permit by the Montgomery County 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 permit is a site approval for the future installation of an on-site wastewater system and is subject to revocation if the site plans or intended use changes from those shown above or on the application. This Improvement Permit must be accompanied by a construction authorization prior to obtaining any building permits and before the wastewater system is installed. This Improvement Permit is valid for a period of five years from the date of issuance unless otherwise noted.

Authorized State Agent: Scott Cole Date: 3/25/2021

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION (Required for Building Permit)

The construction and installation requirements of Rules 1950, 1952, 1954, 1956, 1957, 1958, and 1959 of Title 18A Subchapter 18A of the North Carolina Administrative Code are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

System: New Projected Design Flow: 240 GPD ***SEE ATTACHED SITE SKETCH
 Proposed Wastewater System Type: Pump Conventional
 Proposed Repair System Type: Pump 25% Reduction
 Septic Tank: 1000 gallons Pump Tank: 1000 gallons Trench Length: 290 feet Max Depth: 18 inches
 Trench Width: 36 inches Trench Spacing: 9 feet Total Stone Depth: 12 inches Extra Soil Cover: 0 inches

CONSTRUCTION AUTHORIZATION CONDITIONS:

Set tanks in area to accommodate basement plumbing. Pump to D-Box to begin installation. Mark D-Box with PVC marker that extends 6-8" above finished grade. Owner responsible for maintaining soil test borings that identify permitted septic system area. Contact MCHD with questions.

This Authorization for Wastewater System Construction is valid for a period equal to the period of validity of the Improvement Permit, not to exceed 60 months. (1) Wastewater system construction and installation must meet all conditions and specifications as set forth in the Improvement Permit, Construction Authorization, and the attached site sketch with system details. Construction and installation must also meet all requirements set forth in the Rules Governing Sanitary Sewage Collection, Treatment, and Disposal Systems, and any other applicable rules and laws. (2) The wastewater system shall not be covered or placed into use until inspected by the Montgomery County Health Department and an Operation Permit issued. (3) Any alteration in site or soil conditions (including location of structures and appurtenances) or indications of a rise in wastewater flow or wastewater characteristics as specified in the associated Improvement Permit and application, may subject this Authorization and associated permits to revocation.

****If applicable:**

I understand this Improvement Permit and/or Construction Authorization is different from the original requests on the relevant application. I accept the specifications of this permit, including the site sketch.

Applicant/Legal Representative Signature: Danny Alderman Date: 4-1-21

Authorized State Agent: _____ Date: _____

Montgomery County Health Department

Environmental Health Section

Applicant Danny Alderman Permit Number: 2021068
 Owner: Danny and Tanna Alderman PIN #: 765000075559
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 Subdivision or SR Okeewemee Road Lot #: _____ Section #: _____ Map #: _____

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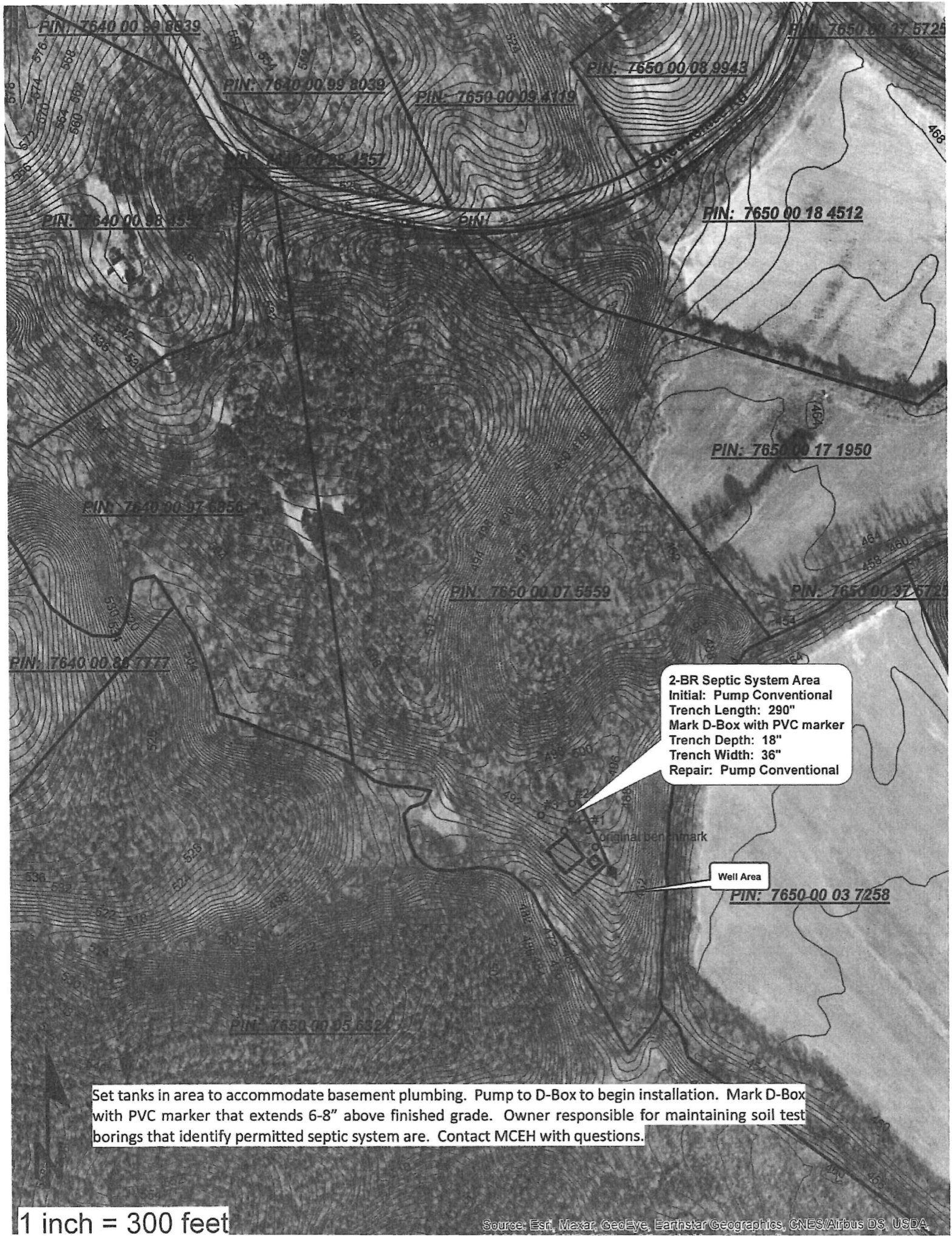
****If applicable:**

I understand this Improvement Permit and/or Construction Authorization is different from the original requests on the relevant application. I accept the specifications of this permit, including the site sketch.

Applicant/Legal Representative Signature:  Date: _____

Authorized State Agent:

Date: 4/9/2021



2-BR Septic System Area
Initial: Pump Conventional
Trench Length: 290"
Mark D-Box with PVC marker
Trench Depth: 18"
Trench Width: 36"
Repair: Pump Conventional

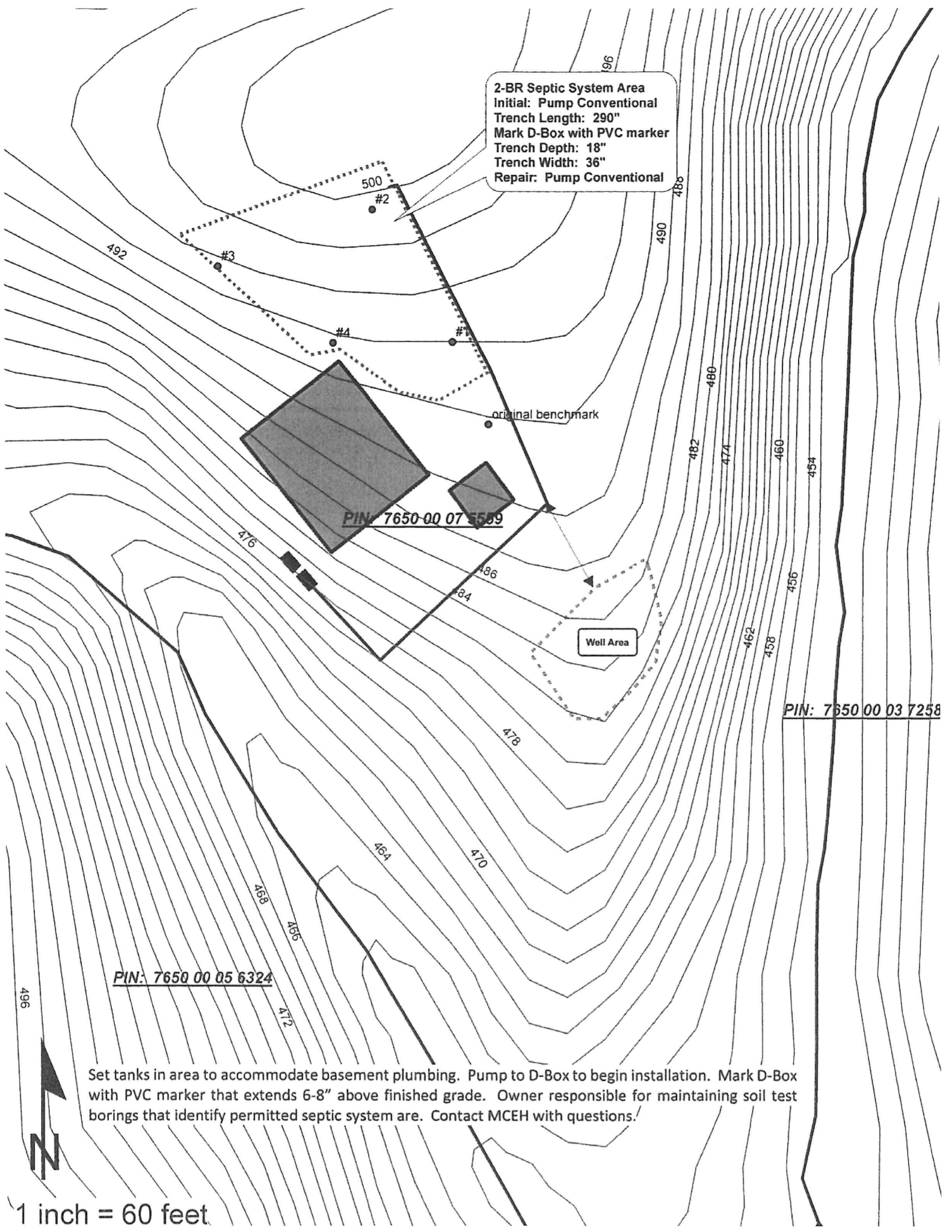
Well Area

Set tanks in area to accommodate basement plumbing. Pump to D-Box to begin installation. Mark D-Box with PVC marker that extends 6-8" above finished grade. Owner responsible for maintaining soil test borings that identify permitted septic system are. Contact MCEH with questions.

1 inch = 300 feet

Source: Esri, Maxar, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA

2-BR Septic System Area
Initial: Pump Conventional
Trench Length: 290"
Mark D-Box with PVC marker
Trench Depth: 18"
Trench Width: 36"
Repair: Pump Conventional



PIN: 7650 00 05 6324

PIN: 7650 00 03 7258

Set tanks in area to accommodate basement plumbing. Pump to D-Box to begin installation. Mark D-Box with PVC marker that extends 6-8" above finished grade. Owner responsible for maintaining soil test borings that identify permitted septic system are. Contact MCEH with questions.

1 inch = 60 feet

**MONTGOMERY COUNTY
ENVIRONMENTAL HEALTH**

Soil Evaluation

DEPARTMENT OF ENVIRONMENT,
HEALTH & NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

SHEET _____ OF _____
PROPERTY I.D. # 71650 00 07 555A
DATE: 3/24/2021
COUNTY: MONTGOMERY
ADDRESS: 1852 Okeewunnee Rd.
SEPTIC #: 21021066
WELL #: _____
BUILDING PERMIT #: _____

SUBDIVISION: _____
SECTION/PHASE: _____
LOT # _____

FACTORS		PROFILES									
		1	2	3	4	5	6	7	8	9	10
LANDSCAPE POSITION	.1940	L	L	L/S	L						
SLOPE (%)	.1940	7 1/2	7 1/2	6 1/2	7 1/2						
HORIZON 1 DEPTH		0-40	0-8	0-33	0-10						
Texture Group	.1941(A)(1)	C	CL	C	CL						
Consistence	.1941	F	F	F	F						
Structure	.1941(A)(2)	BK	WBK	BK	WBK						
Mineralogy	.1941(A)(3)	SEXP	SEXP	SEXP	SEXP						
HORIZON 2 DEPTH		40"	8-28"	33"	10-30"						
Texture Group	.1941(A)(1)	Rock	C	Rock	C						
Consistence	.1941		F		F						
Structure	.1941(A)(2)		BK		BK						
Mineralogy	.1941(A)(3)		SEXP		SEXP						
HORIZON 3 DEPTH			28-36"		30-40"						
Texture Group	.1941(A)(1)		CL(BK)		CL(BK)						
Consistence	.1941		F		F						
Structure	.1941(A)(2)		WBK		WBK						
Mineralogy	.1941(A)(3)		SEXP		SEXP						
HORIZON 4 DEPTH			36"		40"						
Texture Group	.1941(A)(1)		Sep		Sep						
Consistence	.1941										
Structure	.1941(A)(2)										
Mineralogy	.1941(A)(3)										
SOIL WETNESS	.1942										
RESTRICTIVE HORIZON	.1944										
SAPROLITE	.1943/.1956	40"	36"	33"	40"						
CLASSIFICATION	.1948	P.S.	P.S.	P.S.	P.S.						
LONG TERM ACCEPTANCE RATE	.1955	.300	.275	.275	.300						
AVAILABLE SPACE (1945):											
OTHER FACTORS (1946):				SITE LONG TERM ACCEPTANCE RATE: <u>.275</u>							
OTHER FACTORS (1946):				SYSTEM TYPE: <u>TL6 / TL5g</u>							
SITE CLASSIFICATION (1948): <u>P.S.</u>				OTHERS PRESENT:							
EVALUATED BY: <u>Scott Cole</u>											
COMMENTS:											

Lot # _____

Parcel ID#: 765000075559
(Available at Tax Office)

Department Use Only
Application #: 2021068
Application Date: 3/18/21

*Pd. 150.00
3/18/21*

Montgomery County Central Permitting

Environmental Health Section
444 N. Main St, Troy, NC 27371
(910) 572-8175 (office) (910) 576-0043 (fax)

Application for Services

<input checked="" type="checkbox"/> Improvement Permit ("Perc" test) (5 year expiration)
<input type="checkbox"/> Improvement Permit (The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c))
<input type="checkbox"/> Improvement Permit (No Expiration) (additional survey required + other requirements)
Residential - <input type="checkbox"/> MINIMUM - 2 Bedrooms (\$150.00) <input type="checkbox"/> 3 Bedrooms (\$200.00) <input type="checkbox"/> 4 Bedrooms (\$300.00)
Commercial - <input type="checkbox"/> up to 480+gpd(\$500.00+Surcharge)
<input type="checkbox"/> Improvement Permit for Expansion to existing system. (\$150.00) less than 480 gallons (200.00) 480 gallons and up or commercial
<input type="checkbox"/> Authorization for Wastewater System Construction (Expires 5 years from IP date - Needed for building permit and installing system) (\$100.00 - no pump or \$150.00 - with pump)
<input type="checkbox"/> Repair Existing Septic System (\$0.00) (additional paperwork must be completed)

****Clearing/underbrushing/backhoe pits may be required.**
****Mark existing utilities. The Montgomery County Health Department is not responsible for damages.**
***** Authorization for Wastewater System Construction must be complete prior to issuance of any building permits.**

Applicant's Name: Danny Alderman Home Phone: 336-402-4397
Mailing Address: 108 Cardinal Ave Troy, NC 27371 Work Phone: same
Email Address: talderman194@yahoo.com

Owner's Name: Danny & Tanna Alderman Home Phone: ↓
Mailing Address: 108 Cardinal Ave Troy, NC 27371 Work Phone: _____

Directions to Property and 911 address: 1852 Okseweme Rd. Troy, NC 27311
From Troy turn right onto Floyd Farm Rd. At stop sign turn left on to Okseweme Rd. Go approx. 1.5 miles. Entrance on right just past school bus sign
Subdivision/Mobile Home Park Name: _____ Section #: _____ Lot #: _____

Proposed Facility

House Manufactured Home _____ Commercial _____ Other (describe): _____
Number of Bedrooms: 2 Number of Occupants: 2 Number of Employees: (businesses only) _____
*If applying for expansion, please indicate number of bedrooms before _____ and after expansion _____
Maximum Dimensions of Residence/Building: _____
Basement: Yes No Plumbing Fixtures in Basement: Yes No

Type of Water Supply

County/Town _____ Private (new) or existing Other _____

Please indicate desired system type:

Conventional/Modified Conventional/Accepted _____ Innovative _____ Alternative/Other _____

Please answer the following. If the answer to any question is "yes", applicant must attach supporting documentation.

- Yes No Is the site located in any designated wetlands?
- Yes No Is any wastewater going to be generated on the site other than domestic sewage?
- Yes No Is the site subject to approval by any other public agency?

****Permits are subject to revocation if the site plan or plat, whichever is applicable, or the intended use changes.**

I have read this application and certify that the information provided herein is true, complete, and correct to the best of my knowledge, and is given in good faith. I understand that any or all permits applied for or granted shall be void if any of the information is incorrect or false, or if the site is altered. Permission is granted to the Montgomery County Health Department to perform the necessary evaluations and inspections on the property.

Danny Alderman
Owner/Legal Representative

3-14-21
Date

Montgomery County Health Department
Environmental Health Section

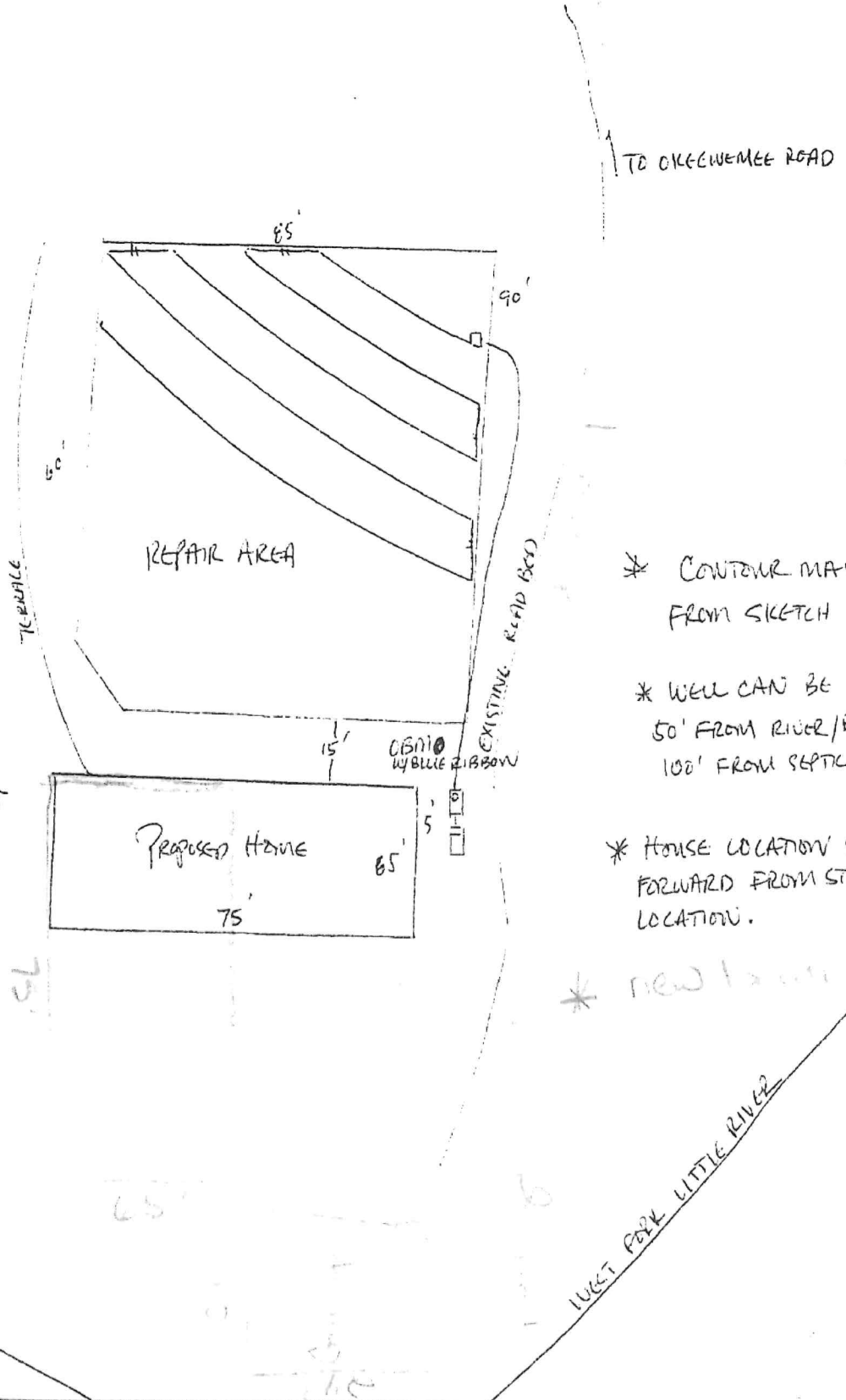
SITE SKETCH

Applicant James C. Maness Permit Number: 2014072

Scale: 1" = NOT TO SCALE

* ~ 32 ACRES

* ORANGE BENCH MARK MUST REMAIN IN PLACE THROUGH SYSTEM INSTALLATION.



* CONTOUR MAY BE FROM SKETCH

* WELL CAN BE LOC 50' FROM RIVER/BRANCH 100' FROM SEPTIC TANK

* HOUSE LOCATION SH. FORWARD FROM STAKE LOCATION.

* NEW TERRACE

***CONDITIONS: KEEP NITRIFICATION LINES IN DESIGNATED SOIL AREA, AS INDICATED ON THIS SITE SKETCH. INSTALL NITRIFICATION TRENCHES ON CONTOUR OF LAND USING AN ENGINEER'S LEVEL. SOLID PVC PIPE MUST BE USED IN ANY STEP-DOWNS INSTALLED TO AVOID CRUSHING.