Date 3 31/11	HEALTH DEPARTMENT HEALTH SECTION  Nº 013731
Receipt # 16024 (910) 6:	
□ Repair Permit □ Improvements Permit—5 Year □ Improveme	ents Permit—WOE
Owner; Buyer; Agent; NAME CARWALL  Address P.O. BOX 1621 YADKINVILLE, NC 27055 Sub-Division Engles North  Phone: Home 579-4850 Day Sect. Lot #  State Road No. Road Name Directions 501 N, TR Country Clab  Rd., TR Brookhaven Lane, 4th Lot on left.	
☐ In-City / 1 mile; ☐ 2 Mobile Homes on Property; ☐	County Zoned;
House Bedrooms Basement Bathwo  Church Seats Garbage Disposal  Business Employees Other  WATER SUPPLY  New Existing Replacement  Private Permit by Mike Water R.S. Date 4-27-99	SYSTEM SPECS  New Installation Repair Fall/100' Line = 0" LTAR: Tank Size 1200 gal. Max. Trench Depth Start At 30"  Linear Ft. 340 " Cover 18"+ "  Stone Depth 12" " No. Boxes 2 No. Lines 3  System Type: CD~V, Class: PS  Repair Type: CO~V, Class: PS
⊗well DESIGN	ACTUAL INSTALLATION
Futue Repair Area	START LINES AT 30"  + Dig level.  Will be Deep in  Pront of Lourse.  (Illegal fill dist)  Lines will go in  Natural Fill.
Requirements / Comments:	
* Improvements Permit (NOT APPROVAL for building permit) By:  * Authorization to Construct (APPROVAL for building permit) By:  * Operation Permit (Conditions may be placed on OP) By:  * Authorization to Construct valid for 5 years. Any alteration of site may nullify improvements permit or authorization they may be suspended or revoked	

upon a finding that a violation of Article 11 Chapter 130A, .1900 of Title 15A Subchapter of the N.C. Adm. Code, or a condition imposed upon the Improvements Permit or Authorization has occured . . . also upon finding that issuance was based on incorrect or inadequate information.