Date 8 7 89  YADKIN COUNTY HEALTH DEPARTMENT Improvements Permit and Certification of Completion  Nº 005779  Owner or Contractors  Address  Lot No.  Si. Rd. No.  Grid No.  Directions  Prop. Cert. (128-80)  Si. Rd. No.  For Cert. (138-80)  Signature of Applicant  DVELLING:  For Date  Badrooms  Ba			8-10-89	
Improvements Permit and Cartification of Completion  Nº 005779  Cuff Bland State Sta	Date 8-9-89 YADKIN COUNTY HE	ALTH DEPARTMENT	Thurs /1: 50 Am PERMIT	
Address  Lat No.  St. Rd. No.  Girld No.  Directions  St. Rd. No.  Girld No.  Directions  St. Rd. No.  Directions  St. Rd. No.  Prop. Cert. 1935.00)  **Final. 123.00)  **Fina			<b>№</b> 005779	
Lot No.  St. Pd. No.  Grid No.  Grid No.  Directions  Should the Manager Tax's ederary  Prep. Cart. 1935.89  ** Eval. (120.00)  Improve Permit 1780 gpd (1913.00)  ** Mempreve Permit 1890 gpd (1913.00)  ** Mempreve	Owner or Contractor Cliff Blood	4	Phone 699-8848	
Lot No.  St. Pd. No.  Grid No.  Grid No.  Directions  Should the Manager Tax's ederary  Prep. Cart. 1935.89  ** Eval. (120.00)  Improve Permit 1780 gpd (1913.00)  ** Mempreve Permit 1890 gpd (1913.00)  ** Mempreve	Address Pt2, Bol 255 East Bul Sub-Division			
The first of the f	,			
Inspress Permit 750 gpd (4130.00) _ *Well Permit (410.00) _ Lepair (4				
Button   B	Prop. Cert. (\$35.00) * Eval. (\$20.00)	★Improve Permit (\$20.00)	Exist. System (\$10.00)	
DWELLING: House	Improve Permit 750 gpd (\$130.00) *Well Permit (\$10.00)	Repair (\$ ) FeeTotal: \$	Cash Check	
Bedrooms Barts Gerbage Disposal Basement Buthroom Gerbage Disposal 9. S. Slope 9. S. Suitability 9. Suitability 9. S. Su	Signature of Applicant		Hold Permit For Fee	
Basement Bathroom Garbage Disposal 2. Soil Type 9. S. Suitability WATER SUPPLY: Well Permit By:  Water Supply Well Community 5. Structure 7. Lot Area 8. Comments 6. Structure 7. Lot Area 8. Comments 6. Structure 8. Comments 6. Structure 8. Structure 8. Comments 6. Structure 8. Structure 8. Comments 6. Structure 8. Structure 7. Lot Area 8. Structure 8. Structur	DWELLING: House Bus	EVALUATION BY:	Date	
MATER SUPPLY: Well Permit By:  Existing Independent Supply Existing Independent Supply Existing Independent Supply Public  Repair  Type CODV.  Tank Size (gal) EXISTING SEWAGE DISPOSAL SYSTEM:  Tank Size (gal) EXISTING SEWAGE DISPOSAL SYSTEM:  This is to certify that the existing sewage collection, treatment and disposal system located at the above location is functioning properly at this time.  Septic Tank Depth: 6" underground or less if needed  ORIGINAL LAYOUT BY SANITARIAN:    Howe		NO. 00.001 (20.000)	5. Slope,	
New Installation				
Repair Type CONV.  New Installation Repair Type CONV.  Tank Size (sal) RASTING NIT Field (sq., ft.)  Linear Ft. 300 Max. Trench Depth (in)  Cover Cove				
Tank Size (agil AISTANG NIT Field (sq. ft.)  Linear Ft. 300  Max. Trench Depth (in)  Cover Inc.  Allowable Fall / 100 ft. talliline: 0"  By:				
Allowable Fall / 100 ft. tailline: 6"  PROPERTY CERTIFICATION:  INDIVIDUAL SEWAGE DISPOSAL SYSTEM—  This new installation meets the present day rules and regulations for sewage collection treatment and disposal.  On the date of this inspection, no sewage effluent was visible on the surface of the ground.  INDIVIDUAL WATER SUPPLY SYSTEM—  Does Does Not comply with N.C. State Board of Health Bulletin # 476 (rev. 6/78) (See Comments)  Report of Bacteriological Analysis of Water:  Neg Pos Date  ACTUAL INSTALLATION:  We # 5 WASLED Store  ACTUAL INSTALLATION:  Date Date Store  ACTUAL INSTALLATION:  Date Store  ACTUAL INSTALLATI	Tank Size (gal) EXISTING NIT Field (sq. ft.)  Linear Ft. 300 Max. Trench Depth (in,) 48"  Stone Depth /2"  Cover Latt	This is to certify that the existing sewage collection, treatment and disposal system located at the above location is functioning properly at this time.		
INDIVIDUAL SEWAGE DISPOSAL SYSTEM—  This new installation meets the present day rules and regulations for sewage collection treatment and disposal.  On the date of this inspection, no sewage effluent was visible on the surface of the ground.  INDIVIDUAL WATER SUPPLY SYSTEM—  Does Does Not comply with N.C. State Board of Health Bulletin #476 (rev. 676) (See Comments)  Report of Bacteriological Analysis of Water:  Neg Pos Date  By Date  ACTUAL INSTALLATION:  Wee #5 WASLED Store  APPLY, 40 ton,  Lines mult be dua level times and pipe level.  Solid pipe.  Septic Tank Contractor:  Mine January  Recommendations / Comments:  Improvements Permit By:  Certification of Completion By:  Date				
House Does Not		INDIVIDUAL SEWAGE DISPOSAL SYSTEM—  This new installation meets the present day rules and regulations for sewage collection treatment and disposal.  On the date of this inspection, no sewage effluent was visible on		
Neg Pos Date  By Date  By Date  ACTUAL INSTALLATION:  When #5 washed show Approximents Primit By:  Septic Tank Contractor:  Improvements Permit By:  Certification of Completion By:  Mark #5 washed show Approximents  By Date Date  Date #5 washed show Approximents  By Date Date Date Date 9-5-89  Date 9-5-89	House.	Does Does Not comply with N.C. State Board of Health		
Septic Tank Contractor:  Improvements Permit By:  Certification of Completion By:  When # 5 washed shone Approx, 40 to 20,  Lines must be any level  + mstall pipe level.  Date 8-10-89  Date 9-5-89	57 \E	NegPos Date	9	
Approx. 40 to 2.  Po'x3'  Lines must be any level  + install pipe level.  Solid pipe.  Septic Tank Contractor: Lines must be any level.  Becommendations/Comments:  Improvements Permit By:  Certification of Completion By:  Date 9-5-89	P 80 × 3'		ο Φ	
Lines must be dug level  the stall pipe level.  Solid pipe.  Septic Tank Contractor: Where January  Recommendations / Comments:  Improvements Permit By:  Certification of Completion By:  Machine January  Date 9-5-89	86x3: 76	~		
Septic Tank Contractor:  Septic Tank Contractor:  Recommendations / Comments:  Improvements Permit By:  Certification of Completion By:  Manual Manua	Po'x3'	Lines must be	dug level	
Septic Tank Contractor:  Recommendations / Comments:  Improvements Permit By:  Certification of Completion By:  Date 9-5-89	the state of the s	4 mstall p	pe level.	
Septic Tank Contractor:  Recommendations / Comments:  Improvements Permit By:  Certification of Completion By:  Date 9-5-89	will need 80'51 40 4" 18"			
Recommendations / Comments:  Improvements Permit By:  Certification of Completion By:  Date 9-5-89	solia pipe.		*==	
Improvements Permit By:  Certification of Completion By:  Date 9-5-89		\\		
Certification of Completion By:  Date 9-5-99	n/s			
	Certification of Completion By:		Date 9 - 5 - 69'	