

Date 2-29-88

1316 Little Creek Rd
YADKIN COUNTY HEALTH DEPARTMENT

Improvements Permit and Certification of Completion

PERMIT

No **004236**

Owner or Contractor Shene Beucham

Phone 945-9050

Address 7965 Concord Ch. Rd - Lewisville, NC 27023

Lot No. 19

St. Rd. No. _____

Grid No. _____

Sub-Division _____
Directions Old 421 - Hatter's View

Development (already evaluated)

___ Prop. Cert. (\$35.00) ☒ ★ Eval. (\$20.00) ___ ★ Improve Permit (\$20.00) ___ Exist. System (\$10.00)
___ Improve Permit 750 gpd (\$130.00) ___ ★ Well Permit (\$10.00) ___ Repair (\$) Fee Total: \$ 20.00 Cash ___ Check ___

Signature of Applicant: Shene Beucham

Hold Permit For Fee _____

DWELLING: House ___ Mobile Home ☒ Bus ___
Bedrooms 3 Baths ___ Seats ___ Emp. ___

Basement Bathroom ___ Garbage Disposal ___

WATER SUPPLY: Well Permit By: MRW

New Independent Supply ☒ Community ___
Existing Independent Supply ___ Public ___

New Installation ☒ Repair ___ Type CONV.

Tank Size (gal) 1000 NIT Field (sq. ft.) 900

Linear Ft. 300 Max. Trench Depth (in.) 24"

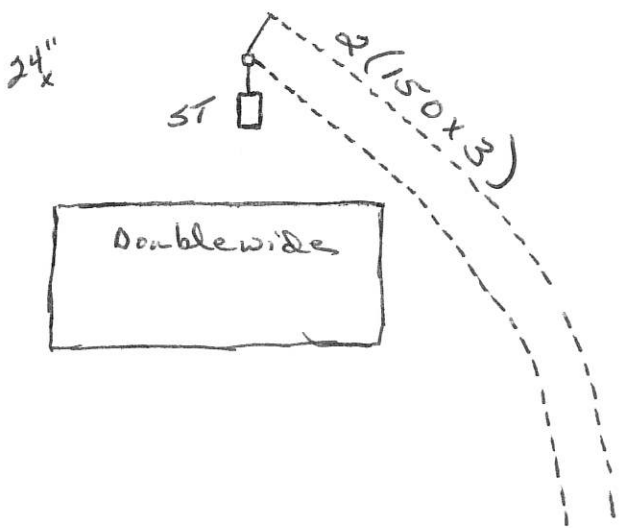
Stone Depth 12" Cover 12"

Allowable Fall / 100 ft. tailline: 0"

Septic Tank Depth: 6" underground or less if needed

ORIGINAL LAYOUT BY SANITARIAN:

x WM
at 30"



EVALUATION BY: MRW

Date 5-4-88

1. Soil Depth 36" +
2. Soil Type CL
3. Structure PS
4. Drainage S

5. Slope S
6. Suitability PS
7. Lot Area OK
8. Comments _____

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.

By: _____ Date: _____

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 _____

By _____ Date _____

ACTUAL INSTALLATION:

Septic Tank Contractor: _____

Recommendations / Comments: _____

Improvements Permit By: Mike Williams

Certification of Completion By: MRW

Date 5-4-88

Date 5-20-88

★ Valid for 36 months. Any alteration of site may nullify permit. Construction must comply with all applicable state and local regulations.