

Date 6-26-86YADKIN COUNTY HEALTH DEPARTMENT
Improvements Permit and Certification of Completion

No 003044

Owner or Contractor Jo Ann CavePhone 367-5703Address PO Box 336 Booneville, NC 27011 Sub-Division _____Lot No. _____ St. Rd. No. _____ Grid No. _____ Directions 601 through Booneville -turn R onto River Rd - 1st paved rd on R - end of rd go R
behind car shed - gate go through - Old housePERMIT TYPE: ☒ Evaluation (\$20.00) ☒ Improve Permit (\$10.00) ☐ Repair Permit (\$15.00) ☐ Well Permit (\$10.00)Signature of Applicant Jo Ann Cave Fee Total: \$ 30.00 Cash ☐ Check ☒ # 156 Hold Permit for Fee _____DWELLING: adding kitchen + bath
House ☒ Mobile Home _____ Business _____
Bedrooms _____ Baths _____ Seats _____ Emp. _____
Basement Bathroom YES NO
Garbage Disposal YES NO
Auto Dishwasher YES NO
Auto Washing Machine YES NO

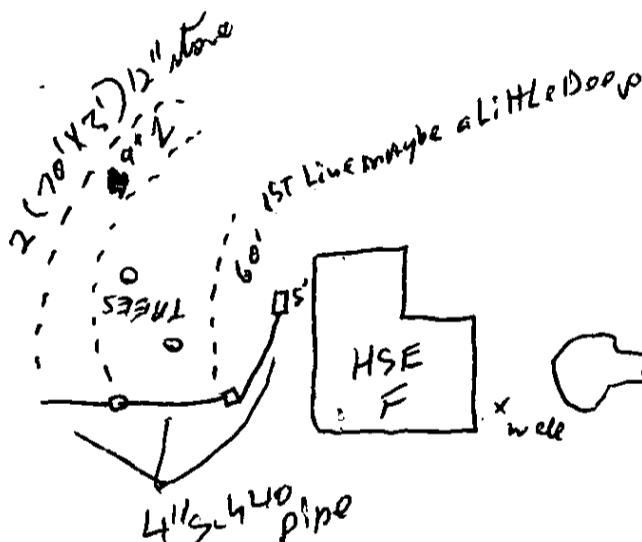
WATER SUPPLY:

New Independent Supply _____ Community _____
Existing Independent Supply ☒ Public _____

NEW INSTALLATION OR ADDITIONS:

Tank Size (gal) 1000 Nit Field (sq.ft.) 600
Max. Trench Depth (in.) 24" Linear Feet 200
Stone Depth (in.) 12" Cover (in.) 12"
Allowable Fall / 100 ft. tailline: 25 in. None Level 1'
Septic Tank Depth: 6" underground or on if neededIMPROVEMENTS PERMIT BY: JMR

ORIGINAL LAYOUT BY SANITARIAN:



SITE CLASSIFICATION:

1. Soil Depth 30" 5. Slope PS
2. Soil Type CL 6. Suitability PS
3. Structure PS 7. Lot Area 4 mple
4. Drainage PS 8. Comments _____Classification By JMR

Date _____

EXISTING SEWAGE DISPOSAL SYSTEM:

Tank Size _____ Nit Field _____
Trench Depth _____ Linear Feet _____
Stone Depth _____ Cover _____
Greywater Drain: Surface _____
Sub-Surface _____

Problem _____

Cause _____

Resolution _____

Pump Tank _____ Check Tee _____

Health Dept. Called By: _____ Owner _____ Complaint _____

Septic Tank Contractor: Cave Paving & Drilling

ACTUAL INSTALLATION:

- use 2 D-Borers For Drop Boxes
- Let spill over to Lower Lines after 10-11" of rocks are wet
- bottom of ditch Level NO FALL
- if you haven't installed drop boxes before call H.D. for instructions

Recommendations / Comments: _____

Certificate of Completion By: JMRDate 10-30-86