

YADKIN COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH SECTION

No 013707

Date 3/16/99

Receipt # 15972

(910) 679-4244

Repair Permit
 Improvements Permit-5 Year
 Improvements Permit-WOE
 Authorization to Construct
 Well Permit

Owner; Buyer; Agent; NAME Aubrey Stimpson (Michelle) PIN # 5877 13 8971

Address 6516 OLD US 421 EAST BEND, NC Sub-Division Glenn Ferry Ridge

Phone: Home 699-8649 Day 699-3407 Michelle Sect. _____ Lot # 2

State Road No. _____ Road Name _____ Directions OLD 421 E, TL TAYLOR Rd., TR Glenn Ferry Rd., 2nd Lot on R.

In-City / 1 mile;
 2 Mobile Homes on Property;
 County Zoned;
 Watershed III IV
 Plat Attached

FACILITY

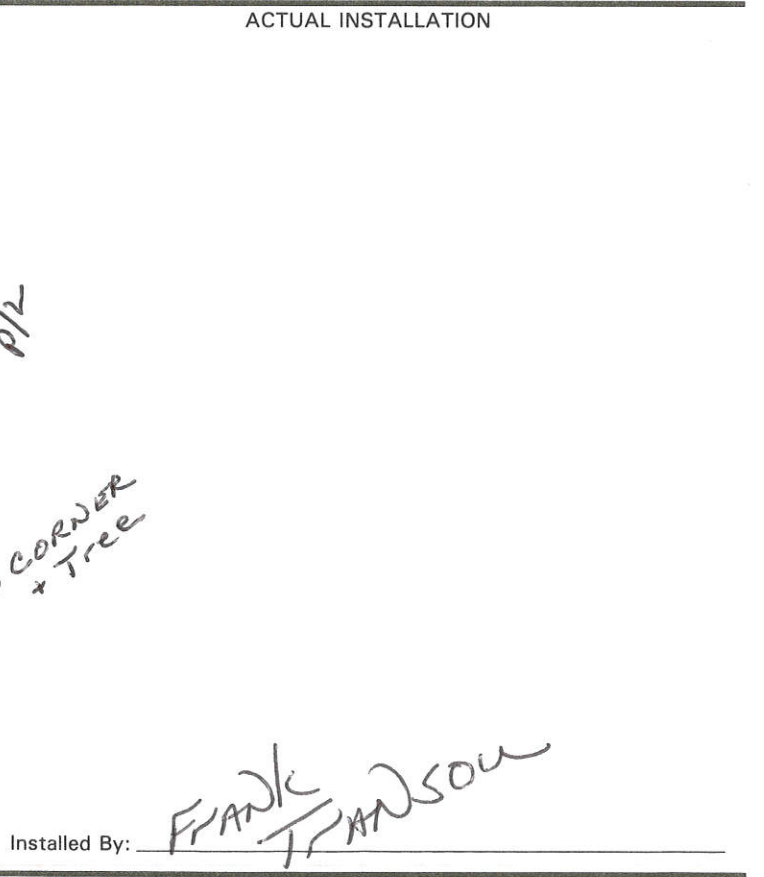
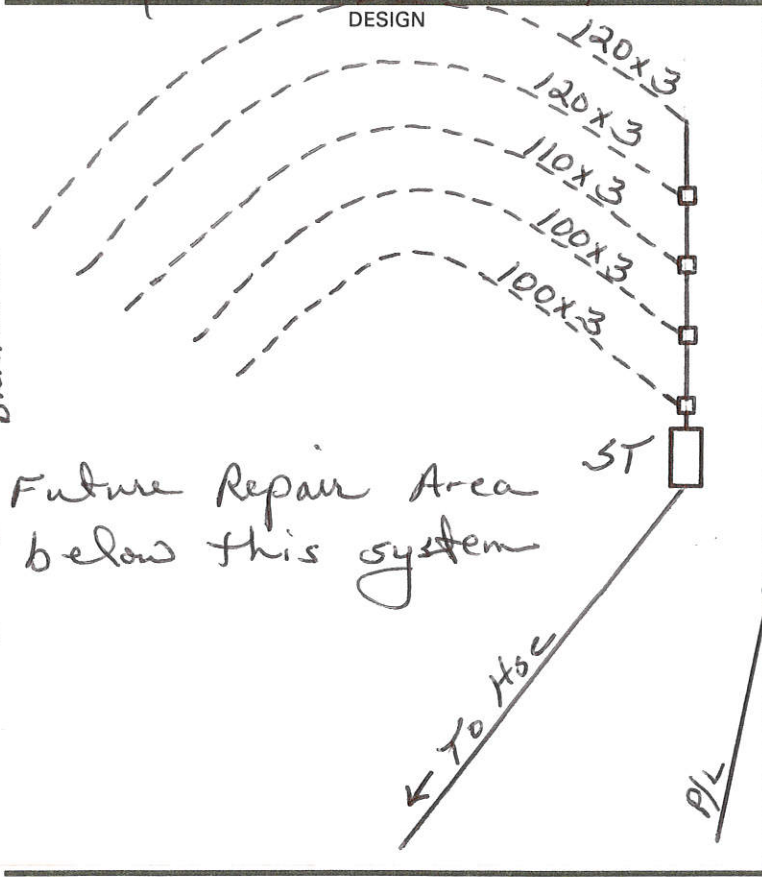
House 4 Bedrooms Basement
 Mobile Home 3 1/2 Baths Basement Bath
 Church _____ Seats Garbage Disposal
 Business _____ Employees Other _____

WATER SUPPLY

New _____ Existing _____ Replacement
 Private _____ Community _____ Public
 Permit by Mike Williams R.S. Date 4-8-99

SYSTEM SPECS

New Installation _____ Repair Fall/100' Line = 0" LTAR: .3
 Tank Size 1000 gal. Max. Trench Depth 30"
 Linear Ft. 550 " Cover 18"
 Stone Depth 12" " No. Boxes 4 No. Lines 5
 System Type: conv. Class: PS
 Repair Type: conv. Class: PS
Recommended #5 stone



Requirements / Comments: _____

★ Improvements Permit (NOT APPROVAL for building permit) By: Mike Williams R.S. Date: 4-8-99
 ★ Authorization to Construct (APPROVAL for building permit) By: Mike Williams R.S. Date: 4-8-99
 ★ Operation Permit (Conditions may be placed on OP) By: MRE R.S. Date: 11-29-99
 ★ 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 occurred . . . also upon finding that issuance was based on incorrect or inadequate information. Form 97-F-2-JWC0

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Phone: Home 699-8649
 Day 699-3407 Michelle
 Sect. _____
 Lot # 2

State Road No. _____
 Road Name _____
 Directions OLD 421 E, TL Taylor Rd., TR Glenn Ferry Rd., 2nd Lot on R.

In-City / 1 mile;
 2 Mobile Homes on Property;
 County Zoned;
 Watershed III IV
 Plat Attached

FACILITY

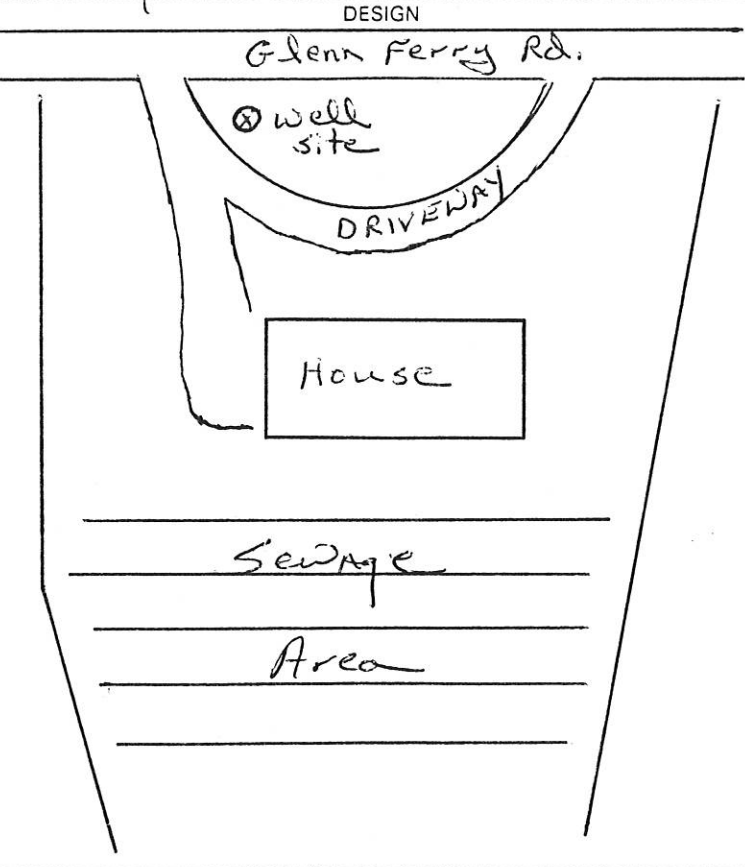
House
 4 Bedrooms
 Basement
 Mobile Home
 3 1/2 Baths
 _____ Basement Bath
 Church
 _____ Seats
 _____ Garbage Disposal
 Business
 _____ Employees
 Other _____

SYSTEM SPECS

New Installation
 _____ Repair
 Fall/100' Line = 0"
 LTAR: _____
 Tank Size _____ gal.
 Max. Trench Depth _____"
 Linear Ft. _____"
 Cover _____"
 Stone Depth _____"
 No. Boxes _____
 No. Lines _____
 System Type: _____
 Class: _____
 Repair Type: _____
 Class: _____

WATER SUPPLY

New
 _____ Existing
 _____ Replacement
 Private
 _____ Community
 _____ Public
 Permit by Mike Williams R.S.
 Date 4-8-99



ACTUAL INSTALLATION

Well Permit

Keep well 10' off R/W or
 property line.
 100 ft. from sewage
 area
 50 ft. off house.

Installed By: _____

Requirements/Comments: _____

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 * Authorization to Construct (APPROVAL for building permit) By: Mike Williams R.S. Date: 4-8-99
 * Operation Permit (Conditions may be placed on OP) By: _____ R.S. Date: _____

* 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 occurred . . . also upon finding that issuance was based on incorrect or inadequate information. Form 97-F-2-JWC