## TOE RIVER DISTRICT HEALTH DEPARTMENT Bakersville, 688-2371 Burnsville, 682-3003 from District Office, 765-2239 Newland, 733-6031 **Environment Health Section** APPLICATION FOR AN IMPROVEMENTS PERMIT Address 49 Est. Sewerage Hour (gpo) No. people served No. Bedrooms Type Water Supply A plat of the property must be provided by the applicant and attached to this

form.

All information I have furnished on this application and plat is true and correct.

Owner/Representative Date

## TOE RIVER HEALTH DISTRICT Environmental Health Section

Bakersville 688-2371 Newland 733-6031 181100178150 40 Mullin Hill Rd.

Burnsville 682-3003 District Office 765-2239

## IMPROVEMENTS PERMIT - CERTIFICATE OF COMPLETION - OPERATION PERMIT

Owner Bud McCla	County	Ave Py Permit #_
Location Ingalls		Lot #
Type of Facility Clothang I Day 6	#Bedrooms	N.a. Water Supply Well
Site: SuitableProvisi	ionally Suitable	Unsuitable
Tank SizeNitrific	ation Field Sq. Ft. 400	Stone Depth
Type of Alternative System	10 System Soil Group	App. Rate 0.60
Condition of Operation Permit		
Annual Inspection Date	Comments/Recommen	ndations
N. W. C. Salte		
I understand that this permit has been issumit. I certify that all information furnished is satisfactorily for any given period of time.	s true and correct. In no way shall	upplied to me on the application for an improvements per- l this be taken as a guarantee that the system will function
Operation Permit By		Date
Improvement Permit By	Olan Hagles R	). Date 12-2-87
Owner/Representative	N. Lam	Date
DIAGRAM 10 Property	Line	1 Line containing
A &		(16) 3'2' TEJ Panels
_	\	
A A B server	6	16 high eller
1) NOUS 1 . 1 5 4.	166	7 11.1
5min 5	O'min	丁, 1110000000000000000000000000000000000
50 36	>1333	Z Dup Max
War Samo		· - · · · · · · · · · · · · · · · · · ·
C Name of the		1 To be laid LEVEL
1 1/2/01/1		along contours
DRIVE		
There & harrend I		
Operation Permit	00 11	Date
Certificate of completion	ellen Shahe	Date 12-11-87
Prexisting System	_Installed By Fred J	ennings Date 12-11-87