

LINCOLN COUNTY HEALTH DEPARTMENT

302 NORTH ACADEMY STREET, SUITE B • LINCOLNTON, N.C. 28092 • (704) 736-8426

Application Type: EH IMPROVEMENT APPLICATION Date: 10/18/0

Permit #: 07-90001041 PIN: 3693 -00 -16 -5732 Parcel ID: 32566

Owner: HECHT DEVELOPMENT CO (704) 483-1183

C/O BOB HECHT 38BB NC 16 HWY N DENVER NC 28037

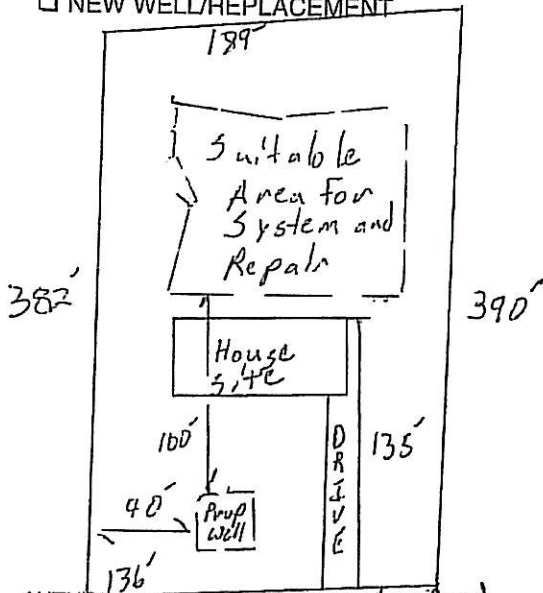
Applicant:

Directions to property: N INGLESIDE FARM RD 005
 AUTUMN WOODS, LOT 2 . FROM 16 & 73 W
 ON HWY 16 TO R ON INGLESIDE RD, NORTH 2
 MILES TO R.

Residence: Y Nbr of Bedrooms: 5 Water Supply: PRIVATE

IMPROVEMENT PERMIT

- REPAIR (SEPTIC/WELL) LOT DENIED
 NEW WELL/REPLACEMENT



AUTHORIZATION TO CONSTRUCT Road

TYPE OF SYSTEM _____
 TANK SIZE _____
 ABSORPTION AREA _____
 TRENCH WIDTH & LENGTH & DEPTH N/A
 NUMBER OF TRENCHES _____
 TRENCH SPACING _____ OC
 GRAVEL DEPTH _____
 DISTANCE TO WATER SUPPLY 100' FT.
 DESIGN FLOW 600 gpd LTAR
 CONDITIONS DO NOT INSTALL WHEN WET
N/A
 HEALTH DEPT. REP. [Signature]
 DATE: 11-29-07

FINAL COMPLETION

- OP WELL COC RC

TANK MANUFACTURER _____
 TANK SIZE _____
 ABSORPTION AREA _____
 TRENCH WIDTH & LENGTH & DEPTH _____
 NUMBER OF TRENCHES _____
 GRAVEL DEPTH _____
 DISTANCE TO WATER SUPPLY _____ FT.
 INSTALLER _____
 CONDITIONS _____
 HEALTH DEPT. REP. _____
 DATE: _____

IMPROVEMENT PERMIT: THIS IMPROVEMENT PERMIT IS SUBJECT TO REVOCATION IF SITE PLANS OR THE INTENDED USE ARE CHANGED FROM THOSE SHOWN ON PERMIT. CHANGES FROM THE ABOVE PERMIT REQUIRE HEALTH DEPARTMENT APPROVAL. INSTALLER SHALL BE REQUIRED TO HAVE AN "AUTHORIZATION TO CONSTRUCT" (VALID FOR 60 MONTHS) BEFORE INSTALLING THE ABOVE SYSTEM.
 FINAL COMPLETION: FINAL APPROVAL OF THIS SYSTEM SHALL INDICATE THAT THE SYSTEM HAS BEEN INSTALLED IN ACCORDANCE WITH STATE REGULATIONS, BUT IN NO WAY SHOULD BE TAKEN AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY FOR ANY GIVEN TIME.