

LINCOLN COUNTY HEALTH DEPARTMENT

302 NORTH ACADEMY STREET, SUITE B - LINCOLNTON, N.C. 28092 - PHONE: (704) 736-8426 - FAX: (704) 736-8427

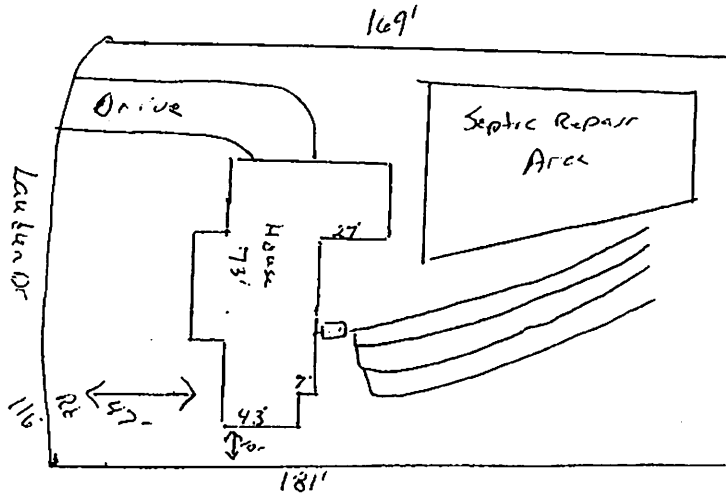
Application Type: EH IMPROVEMENT APPLICATION Date: 3/20/17
 Permit #: 17-90000180 PIN: 3654 -03 -43 -3981 Parcel ID: 86397
 Owner: CALDWELL MAX A &
 3348 FAMILY DR LINCOLNTON NC 28092
 Applicant: CALDWELL BUDDY (828) 312-8916
 3330 FAMILY DR LINCOLNTON NC 28092
 Directions to property: LAUDUN DR 004
 HWY 150 E RON ON OLD MILL, 5TH R LOT
 PAST 1ST HOUSE ON R
 Residence: Y Nbr of Bedrooms: 3 Water Supply: PUBLIC

IMPROVEMENT PERMIT (IP)

- REPAIR MALFUNCTION
- CHANGE
- EXPANSION
- SITE PLAN DENIED

AUTHORIZATION TO CONSTRUCT (AC)

- WELL CONSTRUCTION PERMIT**
- NEW WELL/REPLACEMENT
 - ABANDONMENT PERMIT
 - REPAIR
 - SITE PLAN DENIED
- AC VALID UNTIL 3-31-2022



INITIAL SYSTEM Accepted GRAVITY / PUMP TANK SIZE 1,000 ST PT GALLONS
 REPAIR SYSTEM Permit GRAVITY (PUMP) MAX NUMBER OF OCCUPANTS 60 ABSORPTION AREA 900 ^{sq}
 TRENCH (WidthxLengthxDepth) 3'x25'x36"

TRENCH SPACING 9' On Center AGGREGATE DEPTH 1 Inches NUMBER OF TRENCHES 4
 DISTANCE BETWEEN WATER SUPPLY AND SEPTIC Public (IN FEET) PRODUCT 25% Rel
 DESIGN FLOW 366 LTAR 2.30

CONDITIONS **DO NOT INSTALL WHEN WET** Septic 5' off structures 10' off
Property lines

AUTHORIZED AGENT'S SIGNATURES	IMPROVEMENT PERMIT: <u>Diane Crowley</u>	DATE: <u>3-31-17</u>
	AUTHORIZATION TO CONSTRUCT: <u>Diane Crowley</u>	DATE: <u>3-31-17</u>
	WELL:	DATE:

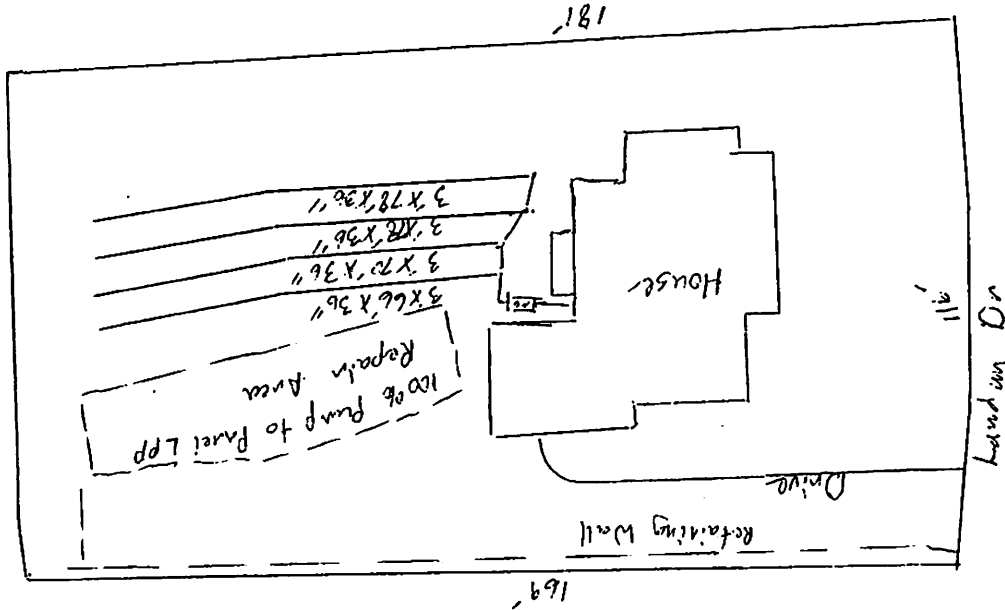
THE IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, AND/OR WELL CONSTRUCTION PERMIT ARE SUBJECT TO REVOCATION IF SITE PLANS OR THE INTENDED USE ARE CHANGED FROM THOSE SHOWN ON THESE PERMITS. CHANGES FROM THE ABOVE PERMITS REQUIRE ENVIRONMENTAL HEALTH APPROVAL. THE INSTALLERS SHALL BE REQUIRED TO HAVE AN IMPROVEMENT PERMIT, CONSTRUCTION AUTHORIZATION (BOTH VALID FOR 60 MONTHS FROM DATE IMPROVEMENT PERMIT IS ISSUED), AND WELL PERMIT IF APPLICABLE BEFORE INSTALLING THE ABOVE SITE PLAN.

COMPLETION OF WELL AND SEPTIC

SEPTIC: OPERATION PERMIT RECONNECT (VALID FOR 6 MONTHS)

WELL: CERTIFICATE OF COMPLETION (COO) ABANDONMENT

Permit # 17-90180



WELL INFORMATION: CONTRACTOR CERTIFICATION FOR GROUTING NOT WITNESSED BY DEPT. GROUT INSPECTION GROUT CONTRACTOR ID PLATE PUMP INSTALLER ID TAG WELL HEAD 12" ABOVE GRADE WELL RECORD ATTACHED SAMPLE TAP EHS SIGNATURE WELL HEAD COMPLETION VENT/ACCESS DATE _____ DATE _____

SEPTIC INFORMATION: DISTANCE BETWEEN WATER SUPPLY AND SEPTIC Public (IN FEET) _____ DATE _____ DATE _____

SEPTIC TANK MANUFACTURER: Dellinger
 PUMP TANK MANUFACTURER: N/A
 ABSORPTION AREA: 876 ft²
 TRENCH (width x length x depth): 3x66x36, 3x78x36, 3x78x36, 3x78x36
 SEPTIC TANK SIZE: 1000 GALLONS
 PUMP TANK SIZE: N/A GALLONS
 DATE MODEL: 11-2-17
 DATE MODEL: N/A
 NUMBER OF TRENCHES: 4
 AGGREGATE DEPTH: N/A
 SEPTIC INSTALLER: Mendell Caldwell

PRODUCT: In-Higher Quick 4 +
 CONDITIONS: 10 feet all property lines and structures lines level and on contour of land. Tee filter and marker installed. Vent open.

AUTHORIZED AGENTS' SIGNATURES: _____
 OPERATION PERMIT: _____
 WELL COC: N/A
 DATE: 12-13-17
 DATE: N/A

CERTIFICATE OF COMPLETION: CERTIFICATE OF COMPLETION APPROVAL OF THIS WELL 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 WELL WILL FUNCTION SATISFACTORILY FOR ANY GIVEN TIME.
 FINAL COMPLETION APPROVAL OF THIS SEPTIC 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 WELL WILL FUNCTION SATISFACTORILY FOR ANY GIVEN TIME.