

DAVIDSON COUNTY HEALTH DEPARTMENT

93/ 306

DATE REC.:

MAP CODE:

19A-4A

FILE NO.:

RECEIVED FROM BARRIER, Bobby

ADDRESS P.O. Box 187

SAME

CURRENT PROPERTY OWNER

Property Located: Road Penwinkle

Directions to Property: Go Holloway's Ch. Rd. Fm #8 - R Briggs

09009F0020033

SYSTEM DESIGNED FOR:

IMPROVEMENT PERMIT

New ☒ Repair ☒ Addition ☐ Structure House
 No. Occupants _____ No. Bedr. _____ No. Empl. _____ Shifts 7-1-98
 Basement _____ Basement Fixtures _____
 Septic Tank 2 Gal. Pump Tank _____ Gal.
 Grease Trap _____ Gal. No. of Lines 1
 Length of Lines 140 Line Width 3
 Nitrification Field 470 Sq. Ft. Stone Depth 18"
 Water Supply Public System Classification II
 Lot Size: F _____ L _____ B _____ R _____

Set Back: F EXISTING L B R _____
 Conditions: _____

SEE EASEMENT -
TANK to be pumped

NOTICE: The above are minimum specifications for a sewage disposal system on the above captioned property. This permit is subject to compliance with local zoning and building regulations and all the provisions of the Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, of the North Carolina Administrative Code.

This permit may not be altered without written permission from a representative of the Davidson County Health Department. System must be installed within 5 years of date of issuance. This permit is subject to revocation if site plans or the intended use changes.

I understand the requirements of this permit and the information I have provided is accurate to the best of my knowledge.

Permit Granted ☒ Permit Denied ☐ (See Reverse)

State Agent Wanda Foster, RS Date 3-11-94

Owner/Agent Bobby Barrier

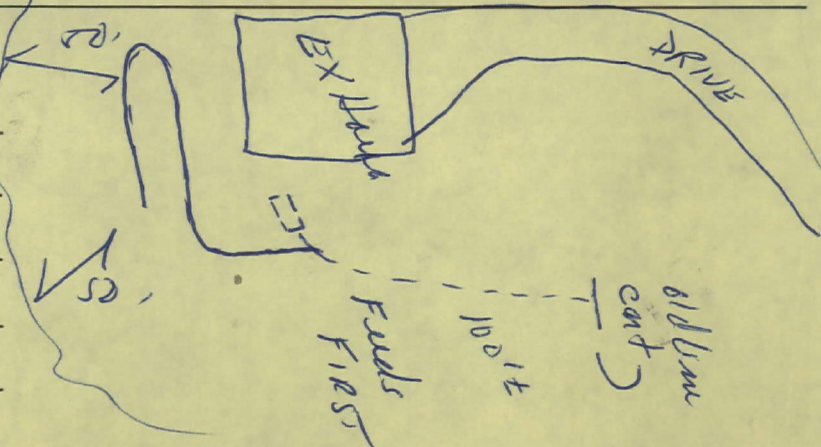
Date 3-11-94

Certificate of Completion ☒ Operation Permit ☐

Approved ☒ Disapproved ☐ Date 3-11-94

State Agent Wanda Foster, RS

Installer Wanda Foster Remarks: _____



NOTICE: This approval is issued subject to all the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal, of the North Carolina Administrative Code. No person is permitted to make alterations in the design or use of this system other than its designated use without approval of an authorized state agent. This approval indicates that this system has been installed in compliance with the standards set forth in the above rules, but shall no way be taken as a guarantee that the system will function satisfactorily for any given period of time.

See Important Information on Reverse.

**WHITE AND YELLOW COPIES - HOME OWNER
 PINK - FILE COPY**

Date Rec: / /
Amt. Pd.
Ck. No.

DAVIDSON COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH
APPLICATION FOR IMPROVEMENTS PERMIT

File No. 94 / 000306

REPAIR

Complete all items below

Bobby Barnes / (704) 869-2040 / Healing Springs
Requested by Phone No. Township
P.O. Box 187 Southmont
Mailing Address City State Zip

Current property owner Mailing Address City ST Zip

Subdivision TARA WOOD Map 9F Lot 32 Sec

Property located: Road Penwinkle Water Supply: Public ☒ Well

Directions to Property: R- Go Holloways ch Rd fm #8. R Briggs Rd

Permit for House: ☒ Mobile Home: Commercial: No. Bedrooms 2
No. Units: No. Persons: No. Employees: Basement:
Basement Fixtures: Other:

Give Property Dimensions: F L B R

INSTRUCTIONS TO APPLICANT:

A. Draw house and any existing wells around lot (if known), water line and septic tank locations.

B. Please answer these questions to the best of your ability.

1. What is your average monthly water bill?

2. What is the age of your original septic tank system?

3. How often have you had the septic tank pumped out?

4. What was the original home-owners name?

5. What was the homebuilders name?

STREET

I hereby make application to the Davidson County Health Department for a repair improvement permit on my onsite wastewater disposal system for the property described above and authorize Health Department representatives to go on such property for evaluation purposes. The issuance of a permit does not relieve me from compliance with any and all other relevant laws or regulations. As owner or his authorized agent, I covenant that the contents of this application are true and represent the maximum facilities on the property.

System shall be installed within 5 years of improvement permit issuance date. The permit is subject to revocation if site plans or the intended use changes.

DATE

2-20-94

OWNER/AUTHORIZED AGENT

Request telephoned in and received by: [Signature]

NOTE: Application must be signed prior to permit issuance.

3-11-94 SBAGOT

After Recording Mail To:

NORTH CAROLINA
DAVIDSON COUNTY

Bobby L. Barrick
PO BOX 1770
Thomasville NC
27360

BK 0890 279

FILED

94 FEB -7 AM 9:16

LEGAL EASEMENT AND RIGHT-OF-WAY

RONALD W. CALLICUTT
REGISTER OF DEEDS
DAVIDSON COUNTY, N.C.

Permission is hereby granted to Lot No. 33 TARAwood II Development
Address Pennville Drive to install, maintain, and repair septic tank
lines on my property located at Lot No. 32, TARAwood II Development until public
sewer is available.

Name of Property Owner: Bobby L. Barrick

Legal Description of Property: TARAwood Subdivision Section 2 Lot Nos. 32, 33

Signature of Owners: Bobby Barrick MAP 9F, Block 2

Date: 1-5-94

NORTH CAROLINA
DAVIDSON COUNTY

I William Morton Greene III a Notary Public of said County, do hereby certify that
Bobby Barrick personally appeared before this day acknowledge the due execution of
the foregoing instrument. Witness my hand and Notarial Seal/Stamp this the 7 day of
Feb 1994

William Morton Greene III
Notary Signature

My Commission Expires: Dec 8-97

STATE OF NORTH CAROLINA-DAVIDSON COUNTY

The Foregoing certificate(s) of William Morton Greene III
A Notary Public (Notaries Public) of Davidson County, N.C. is (are) certified to be correct. This the
7 day of February, 1994.

RONALD W. CALLICUTT, REGISTER OF DEEDS,
DAVIDSON COUNTY, N.C.

BY Sammy M. Willey
Deputy Register of Deeds

10/15/90