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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

4624-88-6691

OWNER OR CONTRACTOR Wm. Hladik DATE 12/4/92 PERMIT NO. 2L-1-A12

PHONE: Business ______ Home 366-5588

LOCATION YACHT HARBOR-KEEL LN / 1100 TL ON YACHT RD, TR YACHT HARBOR DR TL ON KEEL LN, TO LAST HOUSE ON (L) BEFORE CUL DE SAC S.R. No. ______

SUBDIVISION NAME YACHT HARBOR LOT NO. 12 SECTION OR BLOCK NO. ______

House ☑ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~.479 Ac

Soil Characteristics P - C

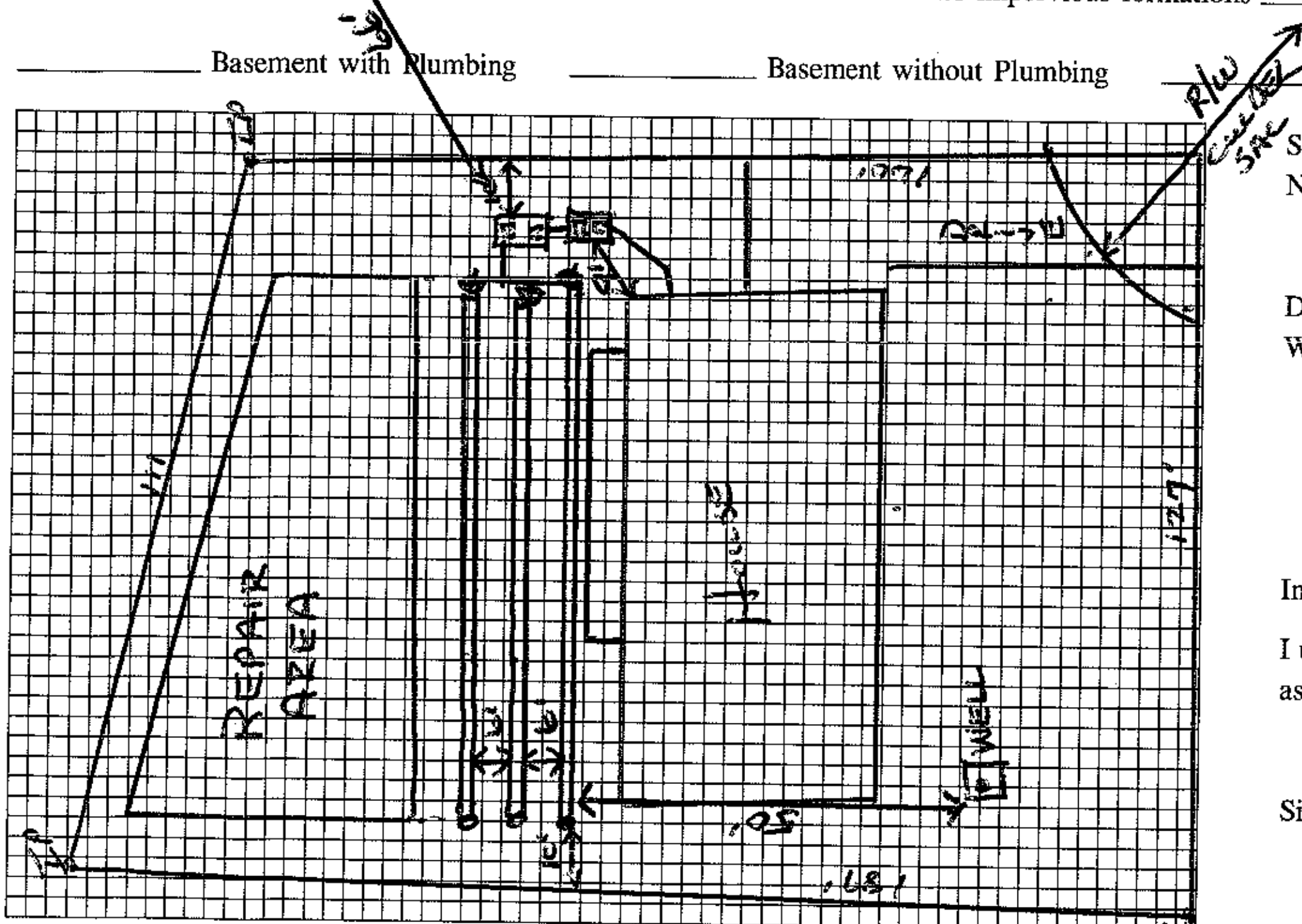
Application Rate P - .3-.35 (F - Sp-wk

Topography P - 2-3%

Depth to Water Table S >48"

Rock or other impervious formations S - NONE OBSERVED

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1250 - 1087 P/T Gals.

Nitrification Field:

No. of Lines 3 @ 70' x 2' *

Sq. Ft. ______ Linear Ft. 210

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☑

Public ☐

Installed by Peninsula Grading Nelson Hathcock

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: ______

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY AWS.

COMMENTS MAINTENANCE AGREEMENT REQUIRED

*OPERATIONS PERMIT

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 3/1/93

EXISTING SYSTEM CHECKED BY ______ DATE ______

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold