15424

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR H. I. and Diane Stevens DATE Feb 17, '93 PERMIT NO. 2C1B 24 & 25

PHONE: Business ______ Home ______

LOCATION 1180 TL 1101 TR Yacht Harbor TR Kool Ct ~150' on left S.R. No. ______

SUBDIVISION NAME Yacht Harbor LOT NO. 24 & 25 SECTION OR BLOCK NO. ______

House ☑ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 4 No. Bathrooms 4

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~1 Ac.

Soil Characteristics Clay

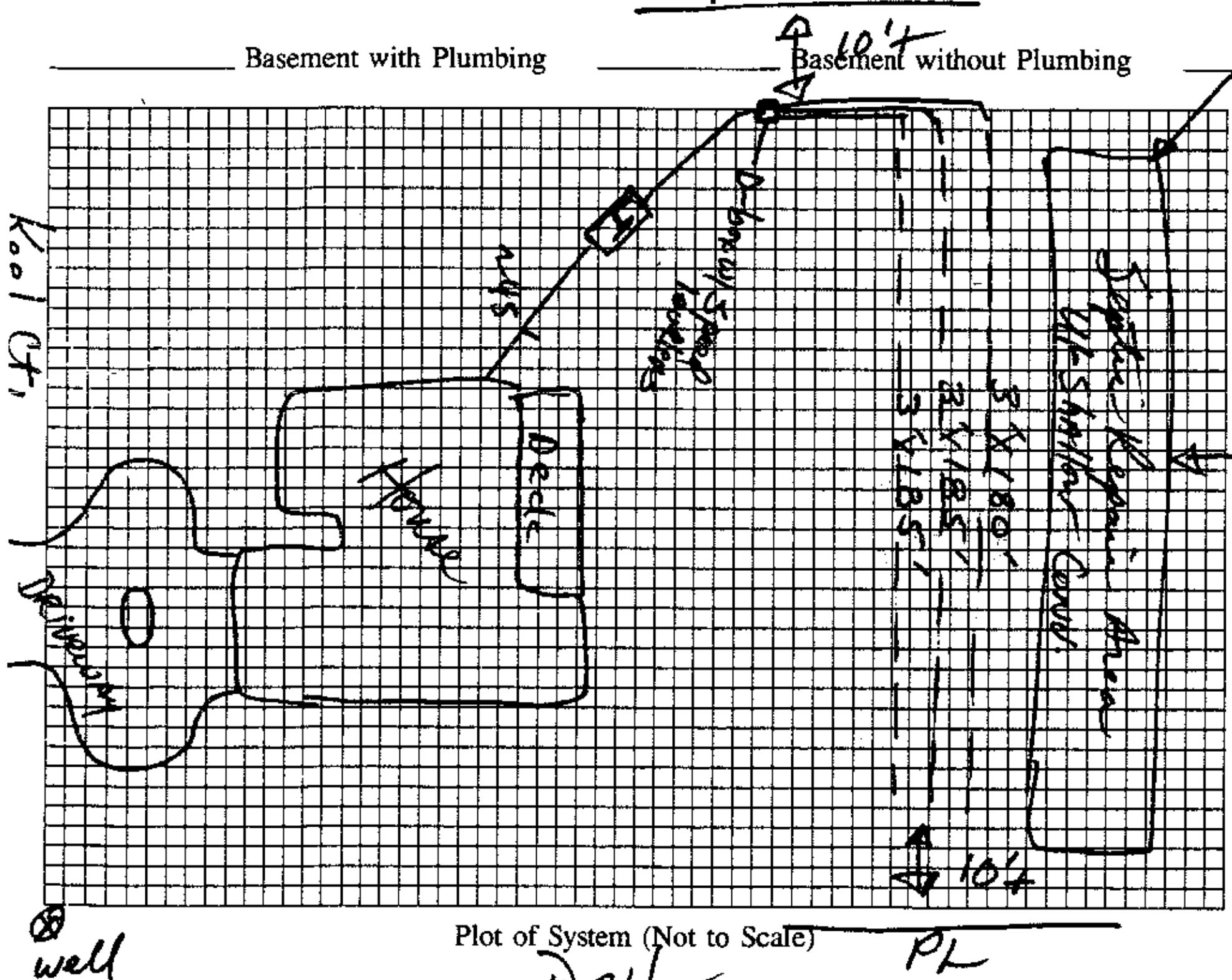
Application Rate .3

Topography 2%

Depth to Water Table > 3'

Rock or other impervious formations None obs.

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



Plot of System (Not to Scale) PL

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1620 + Linear Ft. 540 +

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by R&R MacLeod

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 DRH

COMMENTS ______

CERTIFICATE OF COMPLETION BY DR Hinson, RS DATE 2/17/93

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