15263

IREDELL COUNTY HEALTH DEPARTMENT

4624894563

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Manas Homes, Inc DATE Feb 11, '93 PERMIT NO. 2C1B20

PHONE: Business _____ Home _____

LOCATION 1100 TL 1101 TR Yacht Harbor TR at end

SUBDIVISION NAME Yacht Harbor LOT NO. 20 S.R. No. _____ SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☐ No ☑

Lot Area 20,000 ft²+

Soil Characteristics clay

Application Rate 3 or less where computed

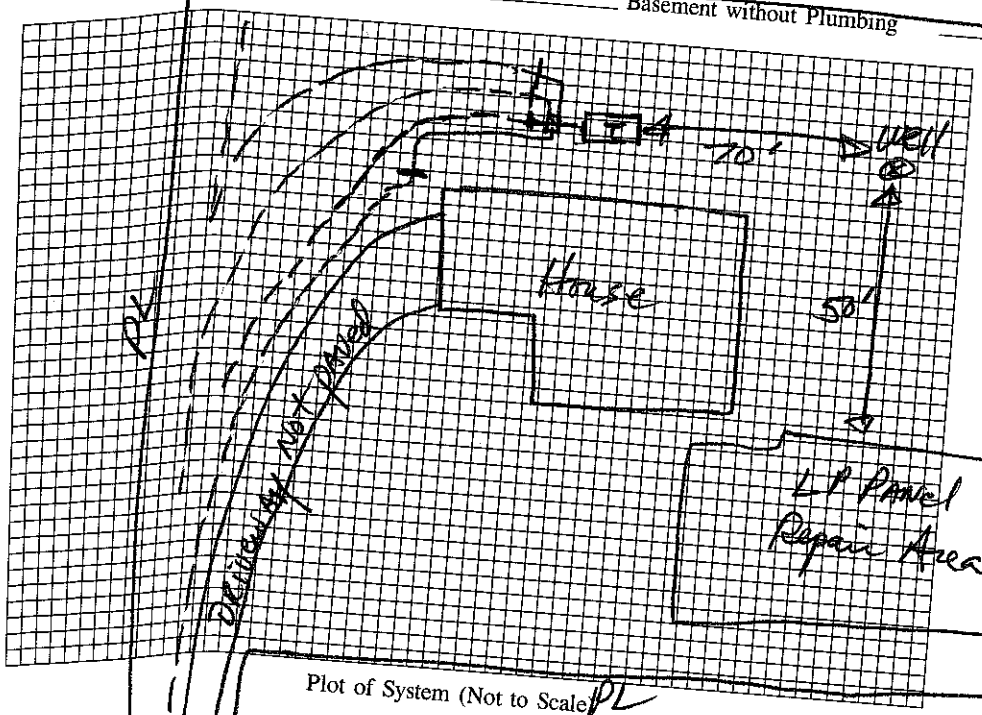
Topography n 4%

Depth to Water Table 24'

Rock or other impervious formations NONE obs.

PL

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 4

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

PL

Installed by Walter Barton

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 DLH

COMMENTS Entrance into garage was changed without approval causing septic system installation extremely difficult. Soil appeared to be very compacted around side of house near driveway due to heavy equipment driving over it under wet conditions. Well site also had been moved

Cul-de-Sac

CERTIFICATE OF COMPLETION BY DLH

EXISTING SYSTEM CHECKED BY _____ DATE 2/11/93

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. DATE _____

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