IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

4624895402

PROPERTY DESCRIPTION NO. 16019 DATE 4-16-93

OWNER OR CONTRACTOR JOSEPH NEMACHEK PHONE: Business

ADDRESS PO Box 1321 DAVIDSON NC 28036 Home 664-4287

LOCATION Brawley School Road TL Yacht Road TR Yacht Harbor Drive TR Keel Ct next to last on right TAX MAP NO. 2C-1-B-19

SUBDIVISION YACHT HARBOR BLOCK / SECTION LOT 19 LOT AREA 29,000 SQFT SITE CLASS. P L.T.A.R.

Water Supply: ☑ Individual ☐ Community ☐ Public Installed

Septic Tank: 1500 Gallons; STB 797 Date 5-1-93

Pump Tank: NA Gallons; PT Date

Nitrification Field: No Fields 1 Square Feet Linear Feet 240

No Lines 4 Trench Width 24" Trench Depth 30-34" 36" Gravel Depth 24"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: gravity conventional

Repair System Description: grav conv

Maintenance Agreement Required: ☐ Yes ☒ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing

Garbage Disposal: ☑ Yes ☐ No

Auto. Dishwasher: ☑ Yes ☐ No

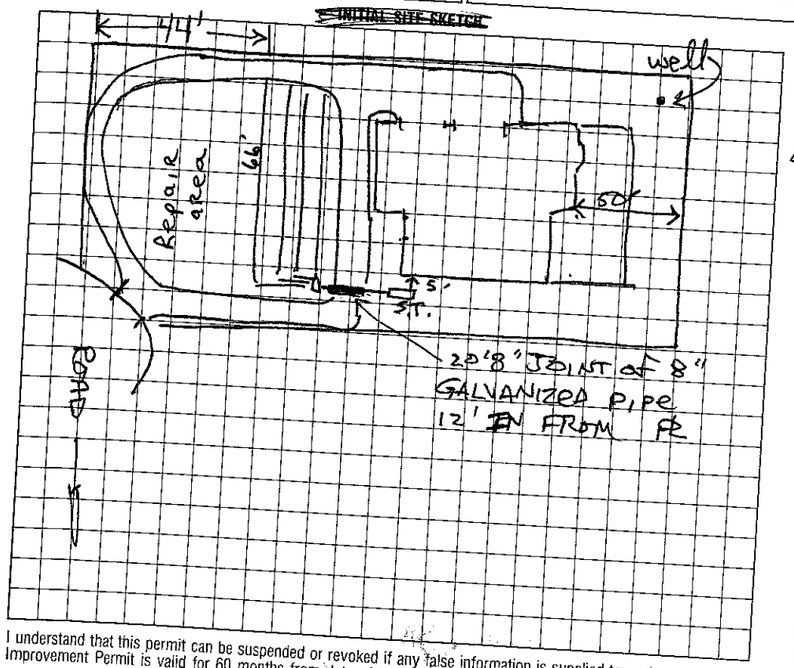
Auto. Washing Machine: ☑ Yes ☐ No

Other

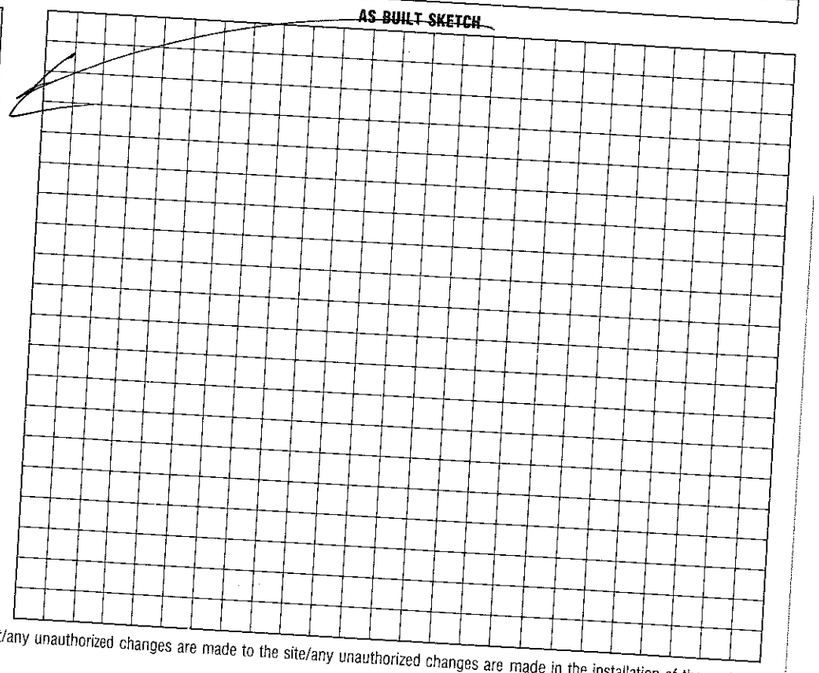
☐ Basement wo/plumbing

Comments

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed:

Improvement Permit by: W.S. date

Existing System Inspection by: date

Installed by:

Certificate of Completion by: Andrea Lemon date 7-20-93

Operation Permit by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

16019

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR JOSEPH NEMECHEK DATE 4/16/93 PERMIT NO. 2C-1-B-19

PHONE: Business _____ Home _____

LOCATION SLOOP LN; BRAWLEY TL ON YACHT TR ON WALLYRD. TR ON YACHT HARBOR TR ON SLOOP LN. NEXT TO LAST ON (R) S.R. No. _____

SUBDIVISION NAME YACHT HARBOR LOT NO. 19 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 .48AC

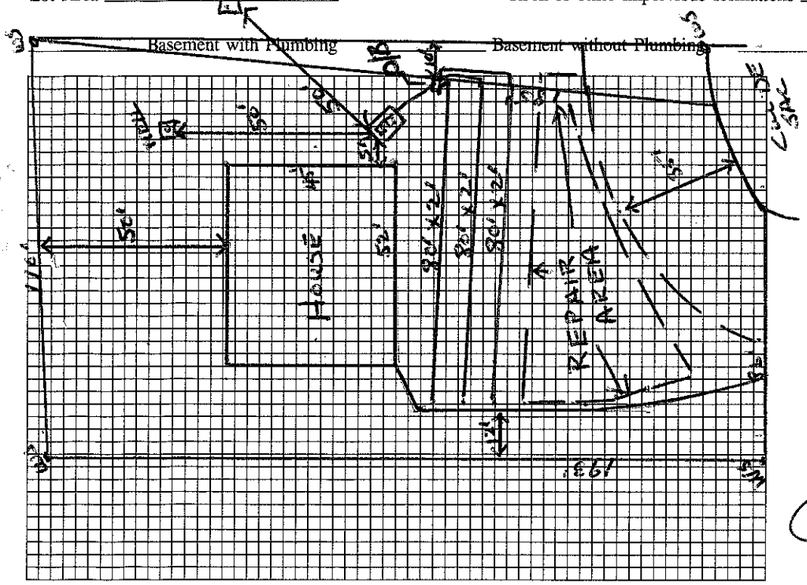
Soil Characteristics P - C

Application Rate P - .125-.3 (S, P, F, WR)

Topography P - 3%

Depth to Water Table S >48"

Rock or other impervious formations S - NONE OBSERVED



Plot of System (Not to Scale)

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

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3 @ 90' x 2'

Sq. Ft. _____ Linear Ft. 240 *

Depth of Stone in Lines 16" PPBS/GRAVITY

Water Supply: Individual ☑ NOT DRILLED

Public ☐

Installed by _____

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 Wesley Sparks R.S.

COMMENTS Trenches no deeper than 32" to bottom
Contour runs close to whats shown. House no more than 50' from rear P/L or pressure system will be required.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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