15274

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

4626 41 9686

DATE 4/29/93 PERMIT NO. 2F 6A 71

OWNER OR CONTRACTOR Michael D Skipper Home

PHONE: Business S.R. No.

LOCATION 1100 TR 1177 TR SEAGROVE TL LAKELAND ~ 500' ON (L)

SUBDIVISION NAME HOLIDAY HARBOR LOT NO. 71 SECTION OR BLOCK NO.

House ☐ Mobile Home ☑ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 20,000 FT²

Soil Characteristics SHALLOW - P C

Application Rate P - .25-.3 (18" TRENCH BOTTOM)

Topography P 40%

Depth to Water Table P 30"

Rock or other impervious formations P - 39-40" MASSIVE/TRANS.

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

Size of Tank 1000 / 1000 Gals.

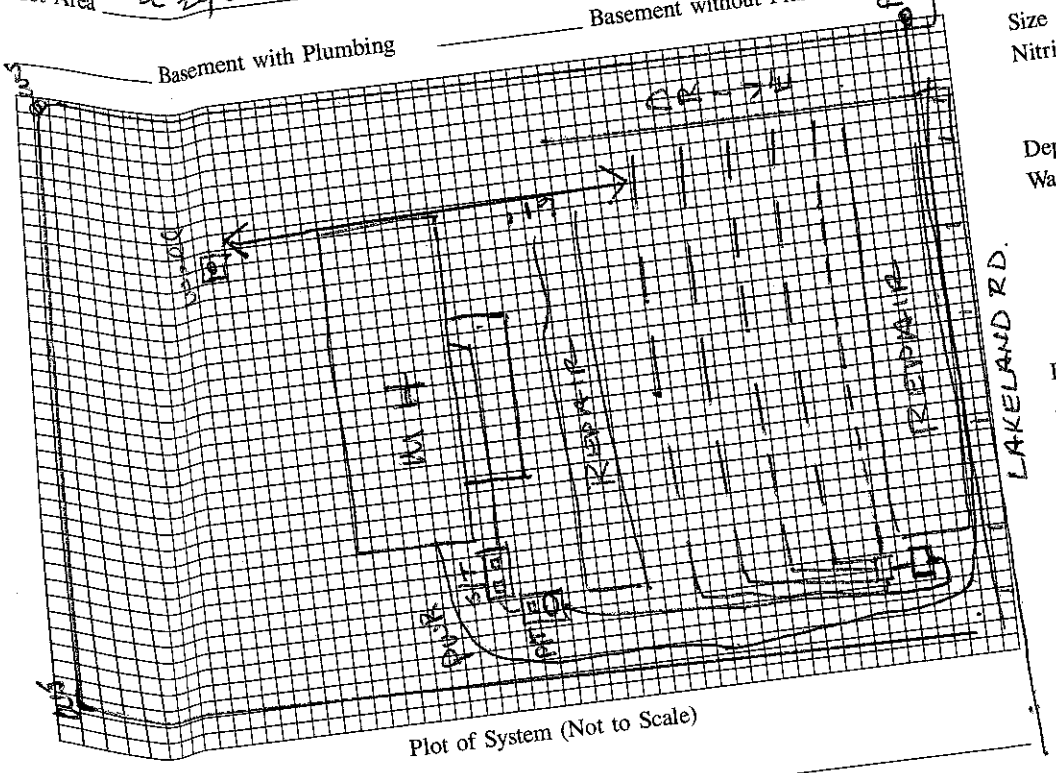
Nitrification Field:

No. of Lines 5 @ 80' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐



Plot of System (Not to Scale)

Installed by RICHARD ABERNATHY

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

Signed:

(IMPROVEMENT PERMIT IS VALID F 60 MONTHS FROM DATE OF ISSU

IMPROVEMENT PERMIT BY DRH.

COMMENTS ALL REQUEST ON I.P. MET.

DATE 4/2

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE

EXISTING SYSTEM CHECKED BY

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 a information is supplied toward securing Improvement Permit.

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