13657

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

4626-52-3034

OWNER OR CONTRACTOR Wm. F. Newell DATE 4/28/92 PERMIT NO. 2F-6-A-15

PHONE: Business _____ Home _____

LOCATION Seagrove Ct., Brawley School TR Chuckwood TR on Seagrove, TL to end, on (L) of fence on cul de sac S.R. No. _____

SUBDIVISION NAME Holiday Harbor LOT NO. 15 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 20,000 FT²

Soil Characteristics P - C

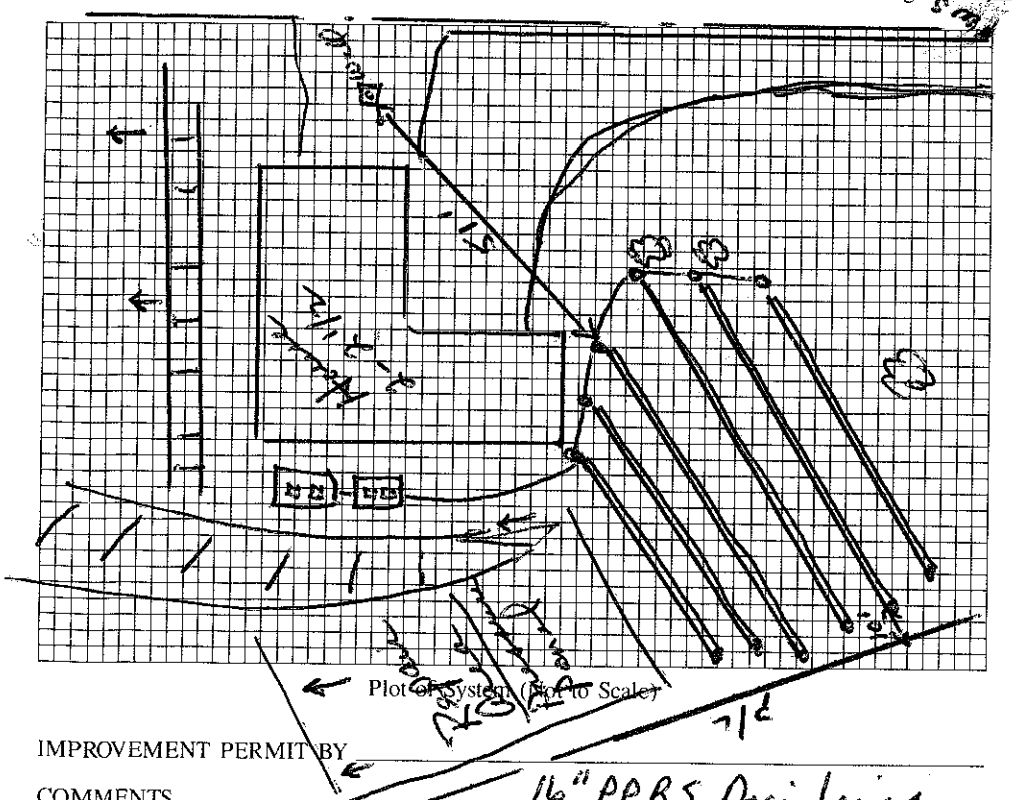
Application Rate P - .4 (55)

Topography P - 4% in drainfield

Depth to Water Table 5 >48"

Rock or other impervious formations 5 None observed

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



Size of Tank 1000 / 1000 Gals.

Nitrification Field: 21, 31, 42, 43, 40, 28'x2'

No. of Lines 6

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☑ Public ☐

Installed by F J Ewen

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 _____

COMMENTS 16" PPBS Drainlines
Pressure head set at ~ 2' on each drain line / alarm tested -

*Operations Permit -

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 4/29/92

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