15462

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

4627 72 8030

OWNER OR CONTRACTOR James M. Sheppard DATE Feb 3, '93 PERMIT NO. 2L4A36

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 (Blume) TL 1443 TL 1444 (Beaten Path) TR Honeysuckle Lane on left

SUBDIVISION NAME CLDT LOT NO. 36 SECTION OR BLOCK NO. 9 S.R. No. _____

House ☐ Mobile Home ☐ Business ☐ Other Boathouse with bathroom

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area Existing

Soil Characteristics _____

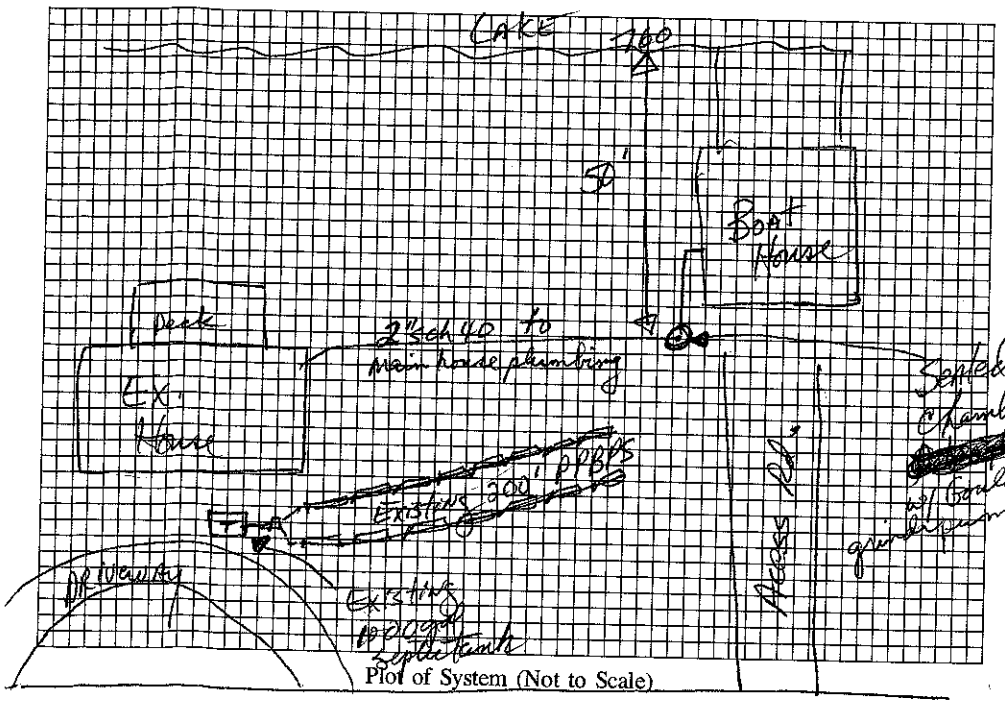
Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

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



Plot of System (Not to Scale)

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Existing

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ☑ 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 _____

COMMENTS Existing septic system showing no sign of malfunction and should handle wastewater flow from boathouse bathroom. Owner had already purchased plastic pump chamber (~30 gal capacity) and gorilla pump which were on site but not installed.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY DR Hinson / RS DATE 2/3/93

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.

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