IREDELL COUNTY HEALTH DEPARTMENT 4635 36 4418

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Ron Ingwall DATE 4/2/93 PERMIT NO. _____

PHONE: Business _____ Home 463-0070

LOCATION Beachview Rd, Isle of Pines TR on Beachview at cul de sac drive just left of center S.R. No. _____

SUBDIVISION NAME Isle of Pines LOT NO. 33 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area _____

Soil Characteristics P

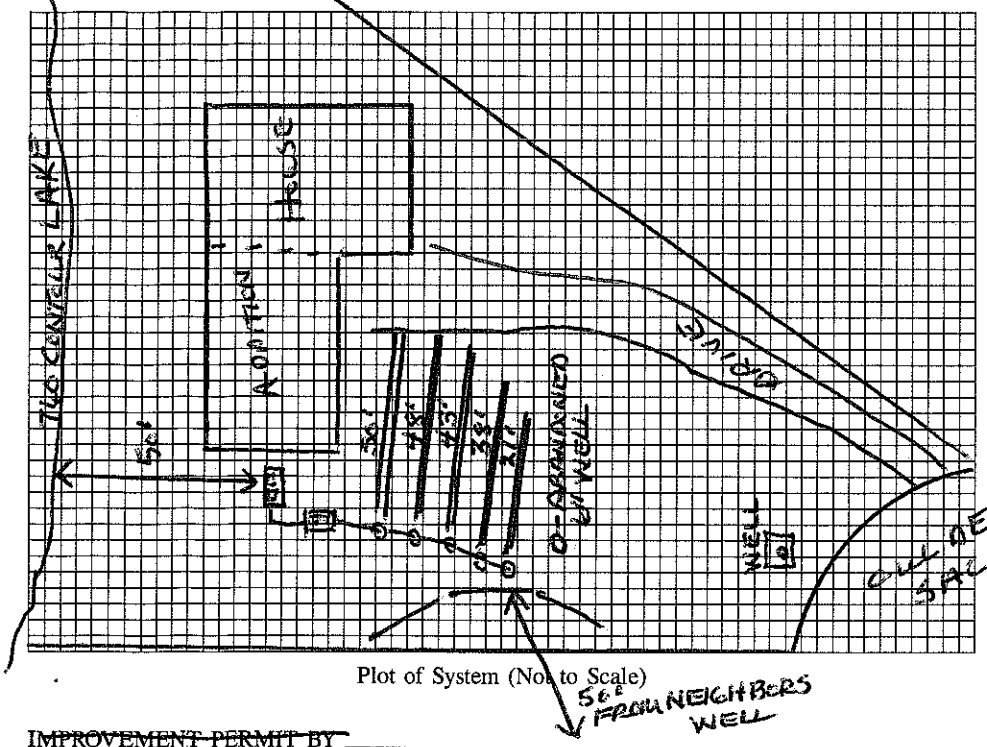
Application Rate P

Topography P

Depth to Water Table P

Rock or other impervious formations P

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



Plot of System (Not to Scale)

Size of Tank 1500 / 1500 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. _____ Linear Ft. 200 *

Depth of Stone in Lines 6" SAND LINER

Water Supply: Individual ☑

Public ☐

* LPP distributed 16" Ave fabricated permeable panel drainline

Installed by FT Ervin

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 3/16" hole in center of each panel - turned up. 2' head at ends of each drainline segment - well abandoned by FT Ervin. 3/23/93

OPERATIONS PERMIT

~~CERTIFICATE OF COMPLETION BY~~ Wesley Sparks RS. DATE 4/2/93

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