4635-57-9001

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Andy Beringer DATE Oct 21, '92 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 1100 TL 1112 Bear Rt. (at Lake) onto Shoreline Drive 14th house on left S.R. No. ______

SUBDIVISION NAME ______ LOT NO. ______ SECTION OR BLOCK NO. ______

House ☑ Mobile Home ☐ Business ☐ Other Repair

No. Bedrooms 3 No. Bathrooms 2-3

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing

Soil Characteristics ps clay

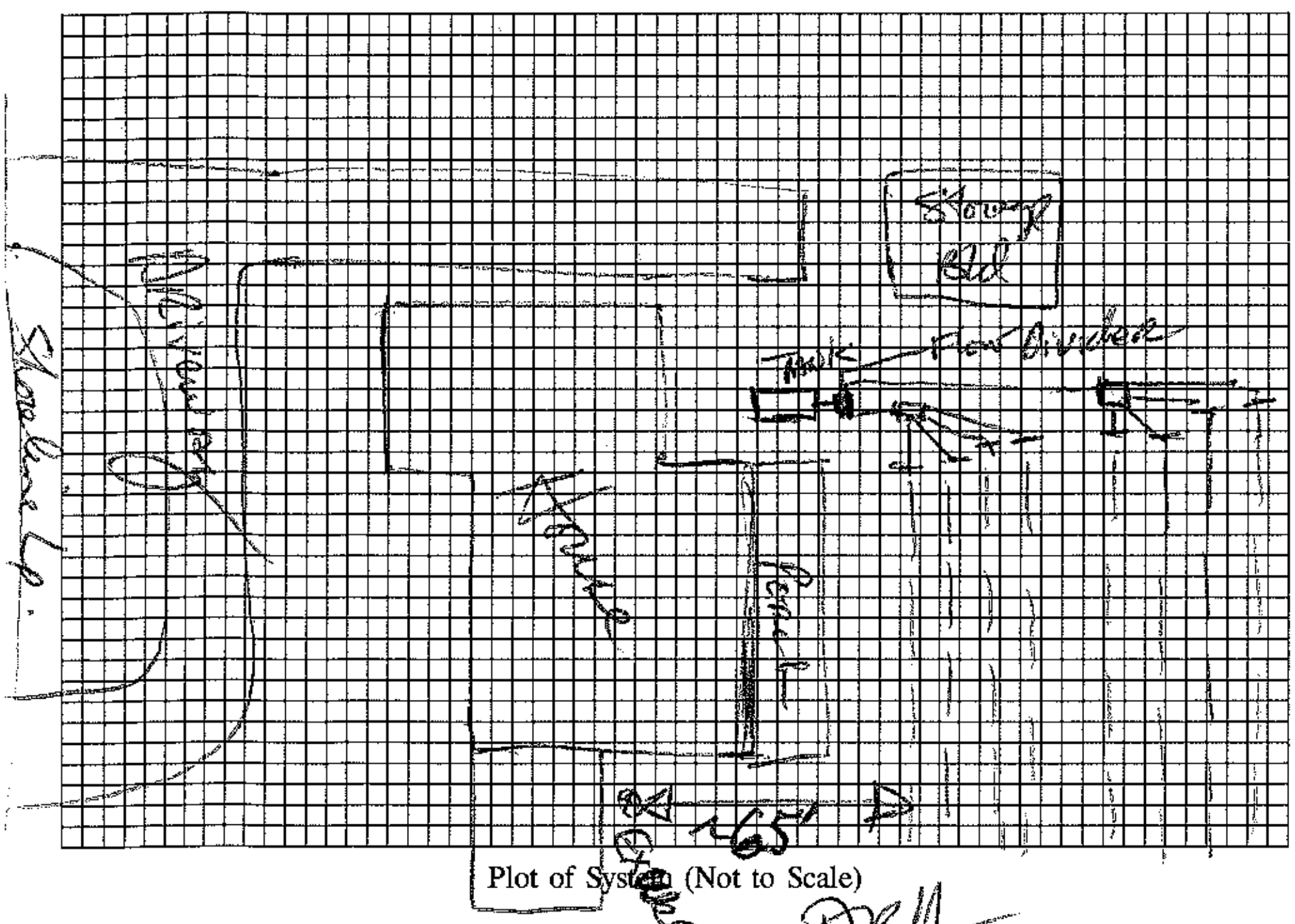
Application Rate .3

Topography 2%

Depth to Water Table 73'

Rock or other impervious formations none obs Slab

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field: Flow Divider

No. of Lines to 2 subfields

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑

Public ☐

Installed by Walter Barton

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 DRH

COMMENTS ______

CERTIFICATE OF COMPLETION BY DR Hunsucker, RS DATE 10/21/92

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

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Andy Barringer DATE Oct 7, '92 PERMIT NO. 26-14A-16

PHONE: Business _____ Home _____

LOCATION 1100 TR 1112 to Lake Bear right on Shoreline Loop 14th house on left S.R. No. _____

SUBDIVISION NAME Imperial Pt. LOT NO. 16 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other Repair - System replacement

No. Bedrooms 3 No. Bathrooms 2-3

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing

Soil Characteristics PSCLAY

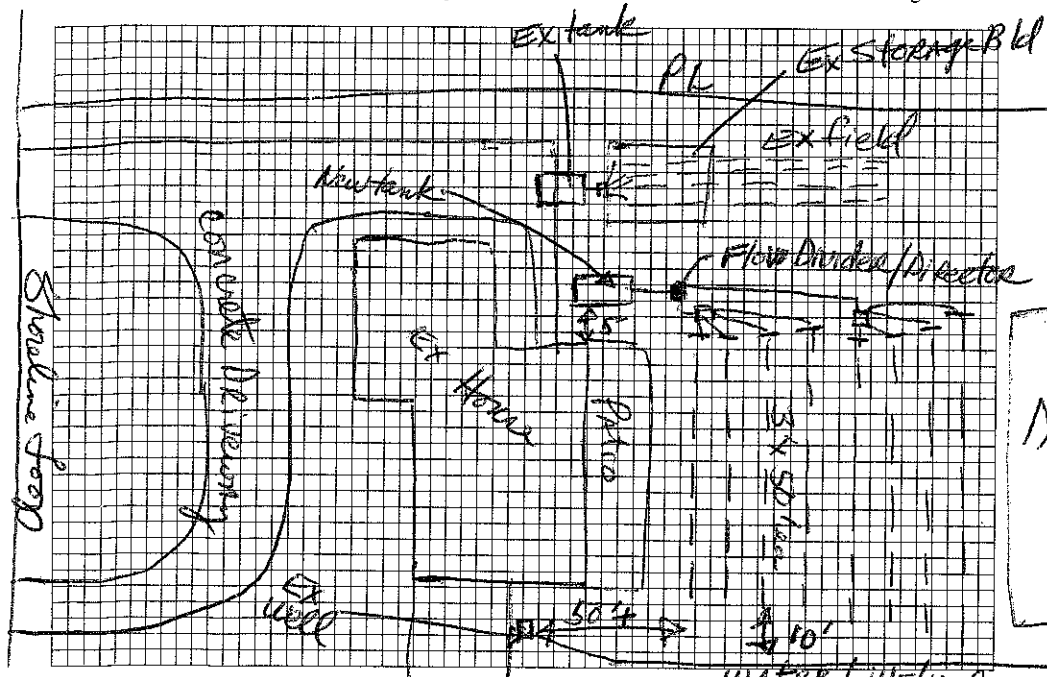
Application Rate .3 gal/sq ft/day

Topography ~20%

Depth to Water Table 2½'+ to 760

Rock or other impervious formations NONE OBS.

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field: Flow Divider/Diverter

No. of Lines to 2 subfields 200 ea

Sq. Ft. 1200 Linear Ft. 480

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

50'+ LAKE

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.)

WATER LINE and power to Dock

IMPROVEMENT PERMIT BY Jack R. Hanson RS.

COMMENTS 18" trench bottom on new trenches. Disconnect and abandoned old system. Use Speed levelers in PT boxes.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

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