4635 58 2508

Repair

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Rob Hasseley DATE 5/1/92 PERMIT NO. —

PHONE: Business _____ Home _____

LOCATION Shore Line Dr. 1st entrance off Stutts Rd. ~ 1000 ft on (L)

S.R. No. _____

SUBDIVISION NAME Bayview Est. LOT NO. 36 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 Existing

Soil Characteristics P - C + TRANS

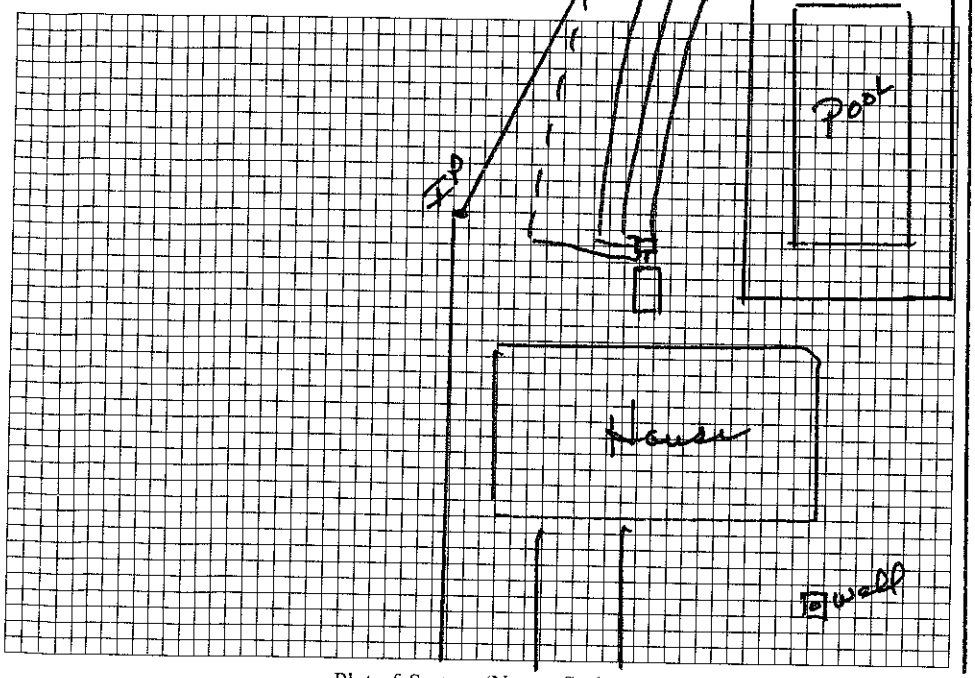
Application Rate P - .3 (40 - 5p - WR)

Topography (LOW) P - 2 Tr

Depth to Water Table S - > 48"

Rock or other impervious formations S - None Found

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



Plot of System (Not to Scale)

Size of Tank 1000

Nitrification Field:

No. of Lines 1

Sq. Ft. 300 Linear Ft. 10?

Depth of Stone in Lines 14"

Water Supply: Individual ☑ Public ☐

Installed by RL MacLeod Jr

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID 60 MONTHS FROM DATE OF ISSU

IMPROVEMENT PERMIT BY AWS.

COMMENTS Toilet has been leaking for extended period - fix Pool back wash has saturated the low area beyond it - drain have been negatively impacted. Pool has used up repair area.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 5/1/9

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 fa information is supplied toward securing Improvement Permit.

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