4635672958

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Carl Neal DATE June 8, '92 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1112 (Stutts Rd.) to end TR Shoreline Loop 1st house on left

SUBDIVISION NAME Imperial Point LOT NO. 37 SECTION OR BLOCK NO. _____ S.R. No. _____

House ☑ Mobile Home ☐ Business ☐ Other Repair

No. Bedrooms 2 No. Bathrooms 2½

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing

Soil Characteristics PS clay

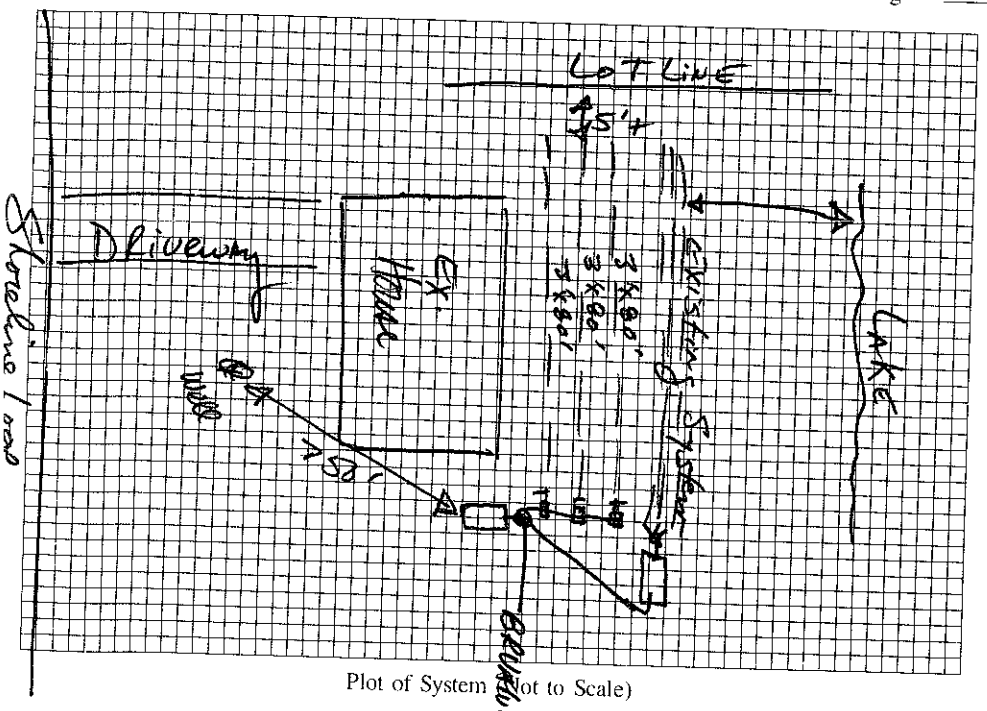
Application Rate 1.3-.4

Topography 2%

Depth to Water Table ≥ 48"

Rock or other impervious formations none obs.

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 ± Linear Ft. 240'±

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by AAA (Sizemore)

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 AWS.

COMMENTS _____

CERTIFICATE OF COMPLETION BY [signature], RS. DATE 6/8/92

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

Repair

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Carl Neal DATE 5/21/92 PERMIT NO. ——

PHONE: Business _____ Home _____

LOCATION Shoreline Dr., Stutts Rd, TR on Shoreline to first house on (L) split rail fence, blonde brick

SUBDIVISION NAME _____ S.R. No. _____

LOT NO. _____ 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 Existing

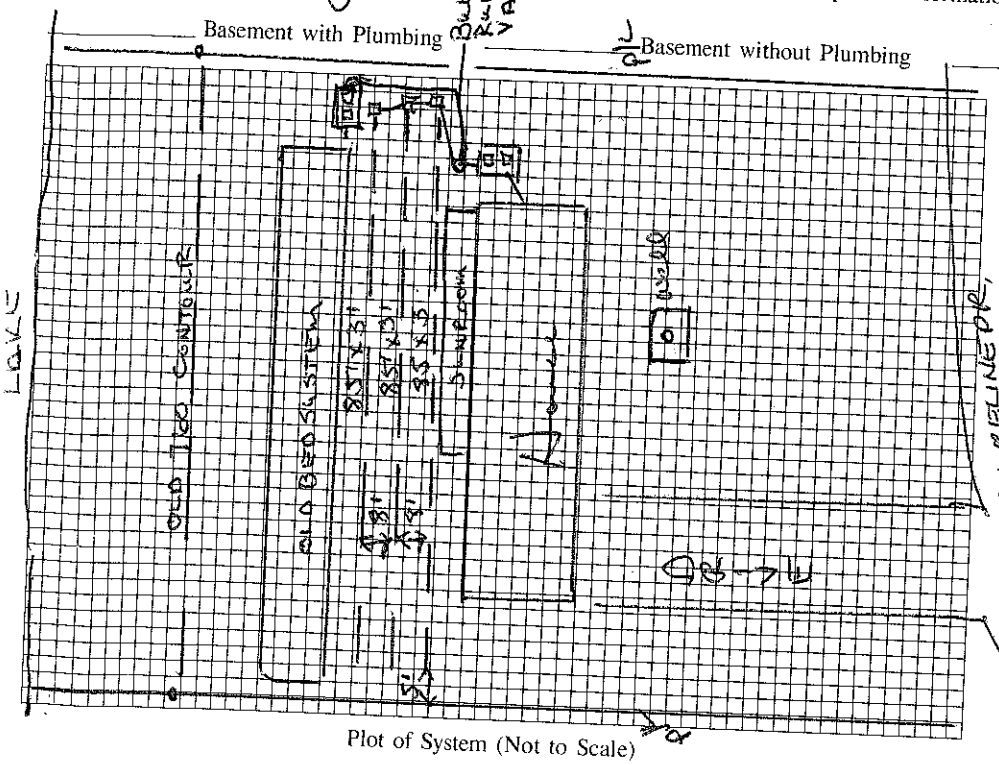
Soil Characteristics P - 51 C / C TRANSITION

Application Rate P - .3 (SP-SS / WK GRANULAR (MICACEOUS)

Topography S - ZOTO

Depth to Water Table P - 48"

Rock or other impervious formations S - None observed



Plot of System (Not to Scale)

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

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3 @ 85' x 3'

Sq. Ft. 765 Linear Ft. 255

Depth of Stone in Lines 12"

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 Wesley Sparks R.S.

COMMENTS Pumped old septic tank and leave intact. Set new 1000 gallon septic tank as shown. Bull Run valve 1 line to old septic tank the other line to new tank boxes and drainlines. MAXIMUM TRENCH DEPTH 36" TO trench bottom. 5' from all side property lines as shown here.

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

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