13712

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

4645-22-3929

OWNER OR CONTRACTOR Shaun A Johnson DATE 10/20/92 PERMIT NO. 26-12-0-1

PHONE: Business _____ Home 892-4554

LOCATION 1102, TR on LANGTREE, TR on Bain Rd, Lucas (R) & he to first house on (R)

S.R. No. _____

SUBDIVISION NAME Yeomen Shores LOT NO. 12 SECTION OR BLOCK NO. _____

3E

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 20,000 FT2

Soil Characteristics P - cl/c

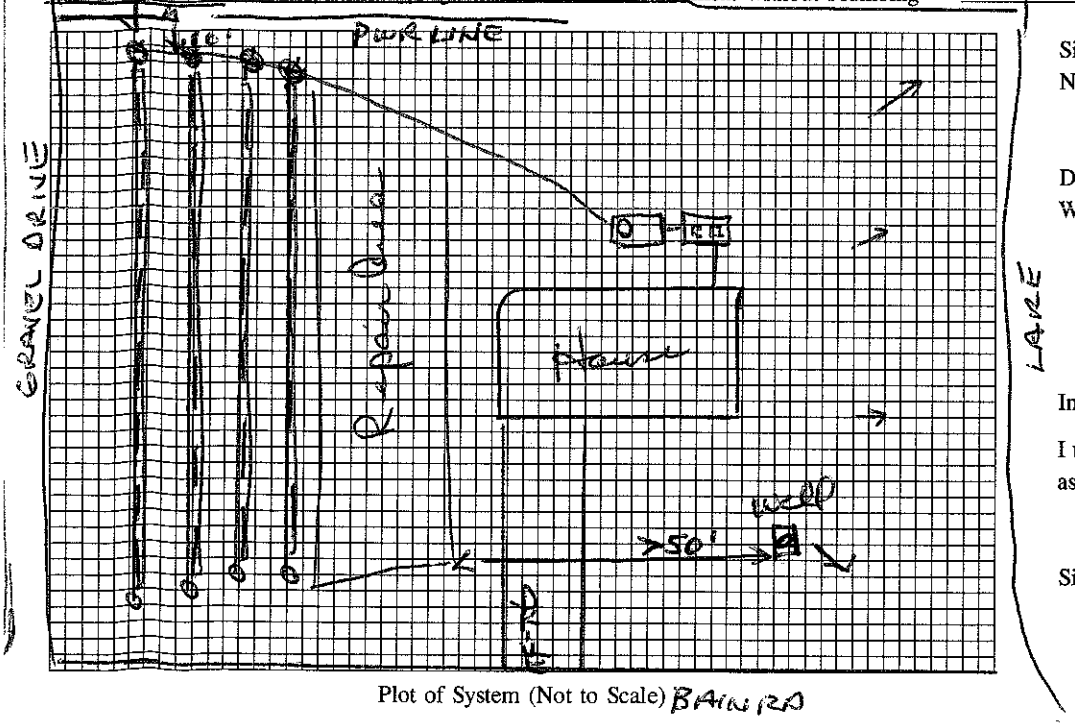
Application Rate P - .4 (sp-sa)

Topography P 2-4%

Depth to Water Table 3 - >48"

Rock or other impervious formations 3 - None Noted

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




Plot of System (Not to Scale) BAIN RD

Size of Tank ST 1000 / PT 1038 Gals.

Nitrification Field:

No. of Lines 4 @ 80' x 2'

Sq. Ft. 960 Linear Ft. 320

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

* Pressure ~~Acad~~ Conv. 3/16 on 5' centers - 2' pit

Installed by Ray Beam

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 _____

10/20/92 - System completed - WAITING ON MAINTENANCE AGREEMENT FROM OWNER

* OPERATIONS PERMIT

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 11/24/92

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