13967

IREDELL COUNTY HEALTH DEPARTMENT

PIN# 4646-05-9288

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Ed Sain DATE July 22, '92 PERMIT NO. 2K-3-A-22

PHONE: Business _____ Home _____

LOCATION 1100 TR 1179 TR 2nd Wood Duck Loop TR Crystal Circle on left just past Topaz

SUBDIVISION NAME Crystal Bay LOT NO. 22 SECTION OR BLOCK NO. _____ S.R. 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 ≥ 20,000 ft² Existing prior to 1977

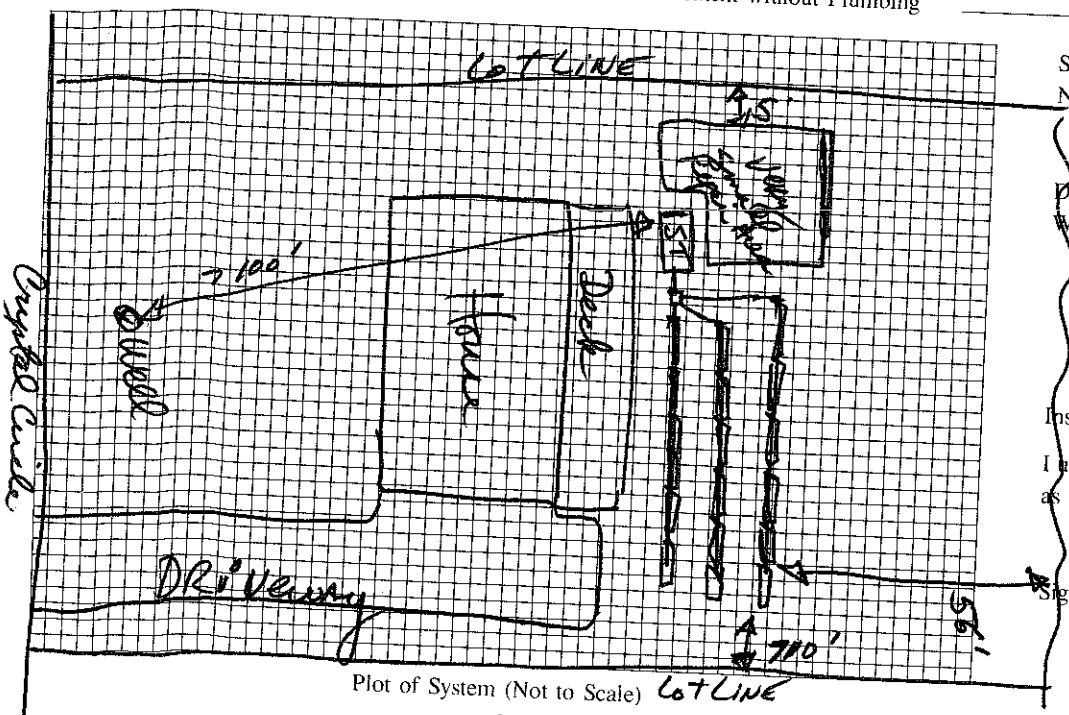
Soil Characteristics P.S. Clay

Application Rate .3 to .4 gal/ft²/day

Topography ~4% Depth to Water Table 78'

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 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 160' of

Depth of Stone in Lines 16" PPRS

Water Supply: Individual ☑ Public ☐

Installed by Nelson Hathcock

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 Placement of well and house such that no repair area exists in front yard. Very little repair area located on lake side of home. Upper 2 trenches (esp 1st trench) deep. No problem noted with soil.

CERTIFICATE OF COMPLETION BY D. Harrison, RS.

EXISTING SYSTEM CHECKED BY _____ DATE 7/22/92

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