4646-08-7619

14066

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Joseph Briggs DATE 2/18/92 PERMIT NO 2K-7-C-2

PHONE: Business _____ Home 663-6624

LOCATION Shelamar Rd., Brawley School TL on Conover Creek, TL on Regency to end TR, TR on Shelamar, 1st trailer on (R) S.R. No. _____

SUBDIVISION NAME Regency Lake Village LOT NO. 2 SECTION OR BLOCK NO. C

House ☑ Mobile Home ☐ Business ☐ Other Repair

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 - C + TRANSITION

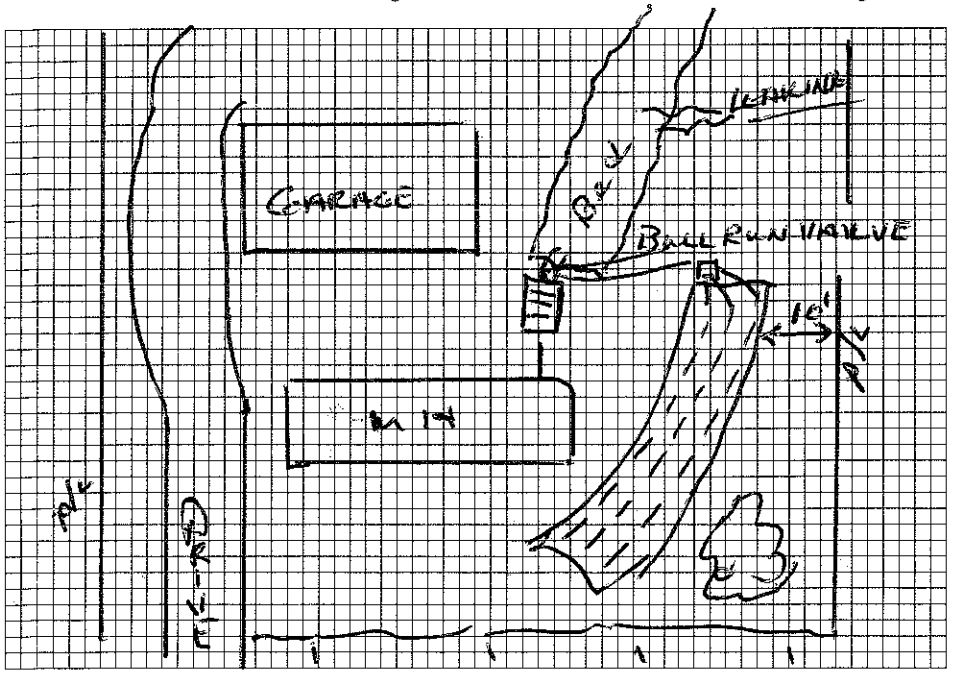
Application Rate .3

Topography 2%

Depth to Water Table >48"

Rock or other impervious formations None found

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



Plot of System (Not to Scale)

Size of Tank Existing 1000 Gals.

Nitrification Field:

No. of Lines 70' X 60-65'

Sq. Ft. 650 Linear Ft. 180

Depth of Stone in Lines 12-14"

Water Supply: Individual ☐ Public ☑ COMM SYSTEM

Installed by FJ Erwin

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 Trench no deeper than 36" to trench bottom
Lines run level in bed from beginning to end.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 7/24/95

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

4646-08-7619

IREDELL COUNTY HEALTH DEPARTMENT

10516

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Joseph Briggs DATE Oct. 4, '89 PERMIT NO. 2K-7-C-2

PHONE: Business _____ Home _____

LOCATION 1100 TR 1179 (Conwaysboro) TR Regency Rd. TR 2nd Street TR next Street (Shell Mart) on left S. R. No. _____

SUBDIVISION NAME Regency Lake Village LOT NO. 2 SECTION OR BLOCK NO. C

changing

House ( ) Mobile Home (✓) Business ( ) Other _____

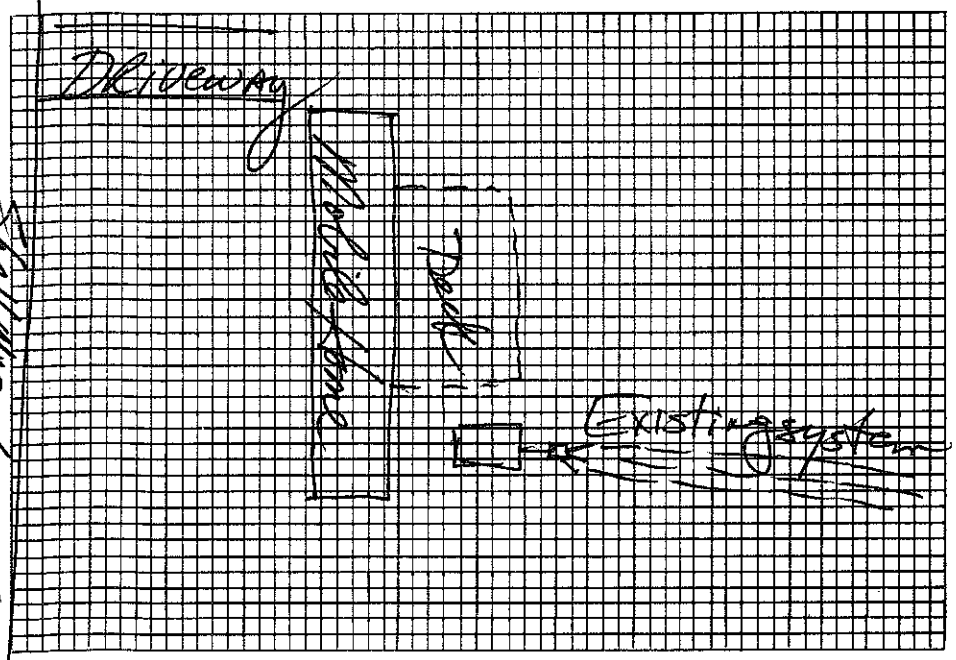
No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes ( ) No ( )

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area Existing

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (✓) CW

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

Small Mine Caving

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system showing no sign of malfunction at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: J. R. Swanson, R.S. DATE 10-4-89

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 false information is supplied in making Improvements Permit.

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