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1425

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Paul M. Endbrit DATE Sept 4, '92 PERMIT NO. 2694

PHONE: Business _____ Home _____

LOCATION 206 (Alcove) TR 1110 (Catalina) TK Malibu Lane
0.1 mile on right

S.R. No. _____

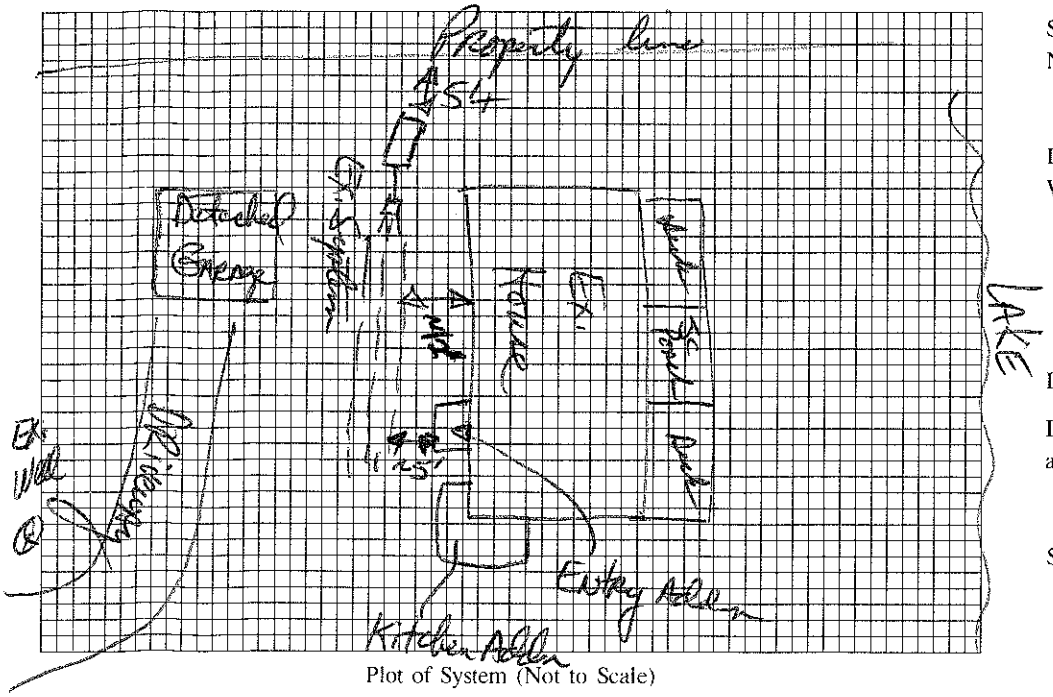
SUBDIVISION NAME Malibu Lane LOT NO. 9 SECTION OR BLOCK NO. _____
Back Forty

House ☑ Mobile Home ☐ Business ☐ Other Detached garage addn + entry way & kitchen addn.

No. Bedrooms 4 No. Bathrooms 3 Soil Characteristics _____

Garbage Disposal Unit	Yes ☐	No ☑	Application Rate	
Auto. Dishwasher	Yes ☑	No ☐	Topography	
Auto. Wash. Machine	Yes ☑	No ☐	Depth to Water Table	
Lot Area Existing			Rock or other impervious formations	

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



Plot of System (Not to Scale)

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
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 _____

COMMENTS Proposed addition plan changed in order to accomodate use of existing septic system. Existing system showing no sign of malfunction.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY D. R. Hinson RS DATE 9/4/92

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

14125

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Paul M. Enabnit DATE April 27, '92 PERMIT NO. 2G9-A-9

PHONE: Business _____ Home _____

LOCATION 1206 (Alcove) TR 1110 (Catalina) TR Malibu Lane
.1 mile on right

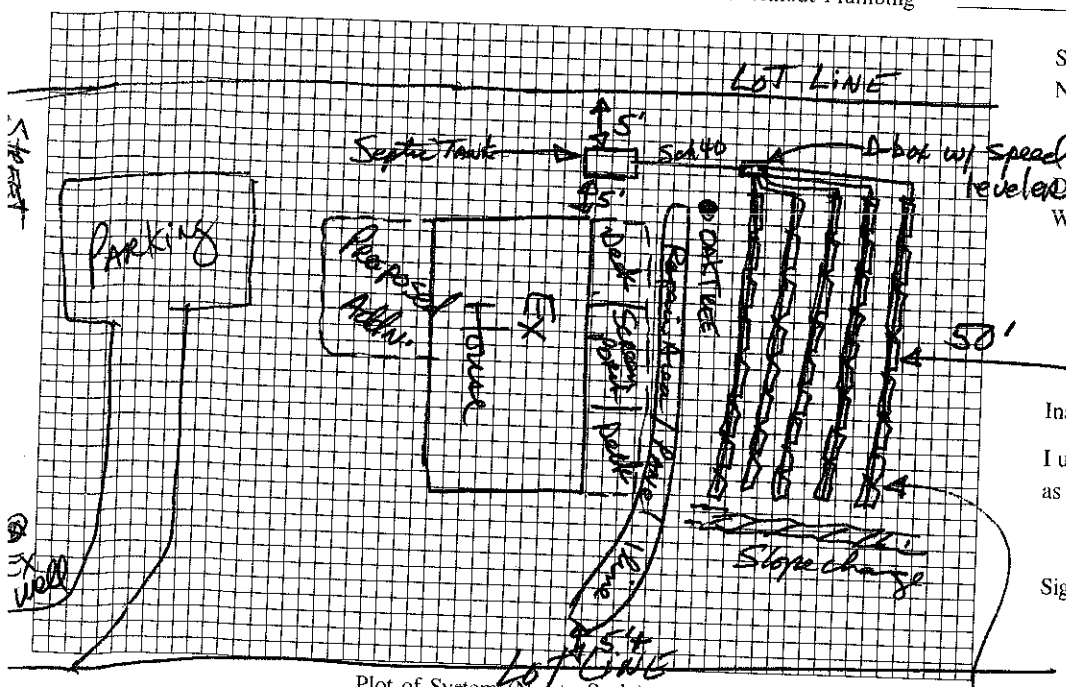
SUBDIVISION NAME Malibu Lane LOT NO. 9 SECTION OR BLOCK NO. _____ S.R. No. _____

House ☑ Mobile Home ☐ Business ☐ Other _____ (Replacement system due to old system being under proposed new addition)

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit	Yes ☐	No ☑	Soil Characteristics silty clay
Auto. Dishwasher	Yes ☑	No ☐	Application Rate .3
Auto. Wash. Machine	Yes ☑	No ☐	Topography ~15%
Lot Area Existing prior to 1977 (720,000 sq ft) very little repair area			Depth to Water Table 74'
			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 5
Sq. Ft. _____ Linear Ft. 270'
Depth of Stone in Lines 24" pipes
Water Supply: Individual ☑ gravity flow
Public ☐

Installed by _____

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

Signed: ~~X~~ Paul M. Enabnit

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY David R. Hanson, RS.

COMMENTS Follow contour. 36" maximum trench bottom depth. Old septic system to be abandoned or disconnected. Special footing requirements may be needed where proposed addition crosses old septic system.

5 lines, 2' x ~54' each
6" sand under panels.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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.

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