15753

IREDELL COUNTY HEALTH DEPARTMENT

PIN# 4646-33-6118

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR D D Howard DATE 4/22/93 PERMIT NO. 2H1A82

PHONE: Business _____ Home _____

LOCATION Bonanza & Ponderosa Cir, straight on (L) just before pavement ends

S.R. No. _____

SUBDIVISION NAME Bonanza LOT NO. 82 SECTION OR BLOCK 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 96' X 210' EXISTING PRIOR TO 1977

Soil Characteristics P - SL CL/ SL C TRANS

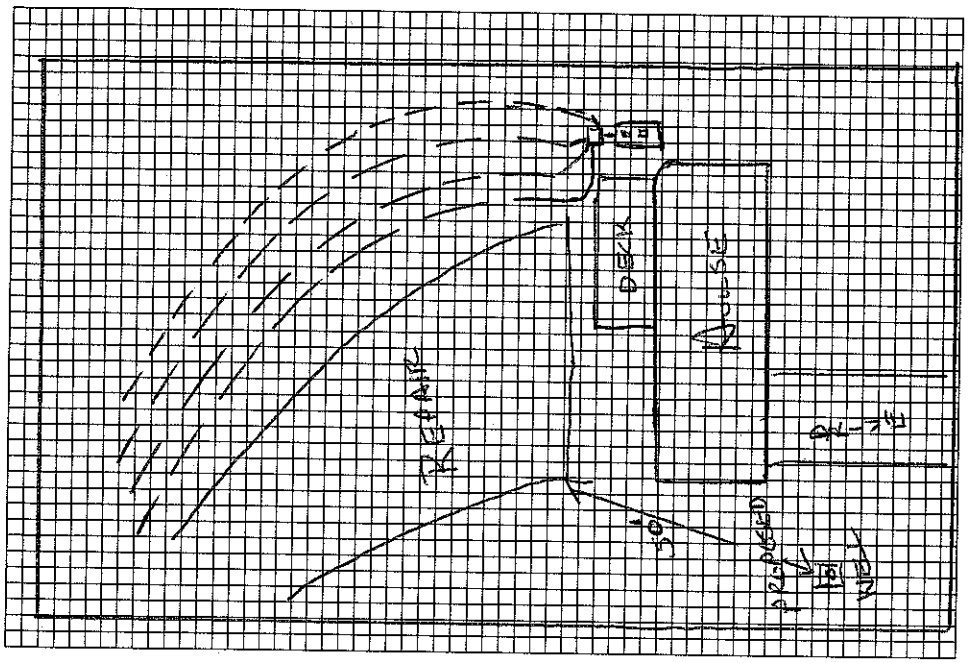
Application Rate P - .3

Topography P - 4-6%

Depth to Water Table P - > 48"

Rock or other impervious formations P - NONE OBSERVED

_____ 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 4

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED YET

Public ☐

Installed by Dave Lail

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 DRH

COMMENTS Additional fill material will be required to cover S/T - Plumbing shallow as requested.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 4/22/93

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