15408

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR CHRIS CHRISTENBURY III DATE 5/7/93 PERMIT NO. 2H-L-A-3

PHONE: Business _____ Home 664-3050

LOCATION 1109 S, TR ON PONDEROSA, TO HOUSE ON (R) JUST PAST DIRT PART OF PONDEROSA S.R. No. _____

SUBDIVISION NAME BONANZA LOT NO. ~~A~~ 3 (ADS) SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other ADDING BATH - 2CARGARAGE - 1BDRM.

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area EXISTING

Soil Characteristics P-C

Application Rate P-.2-.25 (P,F,S,)

Topography P-10%

Depth to Water Table P

Rock or other impervious formations P

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

INSTALL NEW LINE ACCORDING TO D. ROBERTS, PE RECOMMENDATIONS. PERFORM ALL STEPS AS DESCRIBED BY D. ROBERTS IN REVISED SPECIFICATIONS. 5/7/93 RWS.

Plot of System (Not to Scale)

Size of Tank 1500 (ST) - 1000 (PT) Gals.

Nitrification Field:

No. of Lines 13 - SEE DRAWING

Sq. Ft. 2775 Linear Ft. 555 *

Depth of Stone in Lines _____

Water Supply: Individual ☐ Public ☐

* LPP System

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 Wesley Sparks RS.

COMMENTS _____

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.

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