4646514177

IREDELL COUNTY HEALTH DEPARTMENT

14760

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Wolfgang Christein DATE 7/1/92 PERMIT NO. 24-A-60

PHONE: Business _____ Home _____

LOCATION 215 x 77 TL on Alcove TR on Catalina to first drive on (L) = 300' of road in (R) side of field S.R. No. _____

SUBDIVISION NAME N/A LOT NO. N/A SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☐ Business ☐ Other 40' ADDITION

No. Bedrooms 5 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 2.5 AC

Soil Characteristics P - clay (sf-cl)

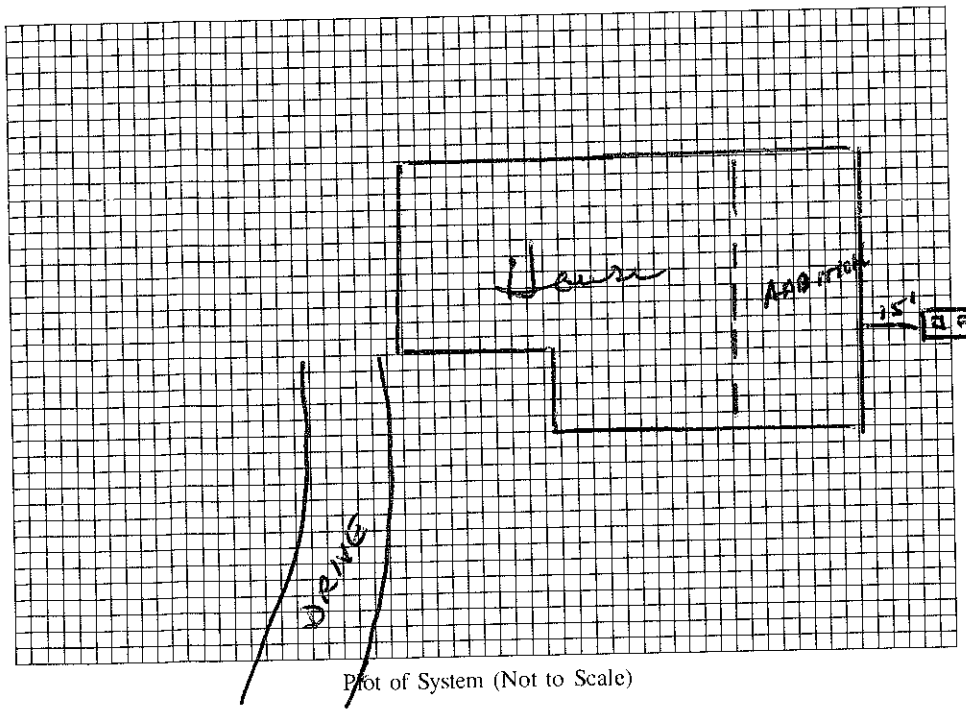
Application Rate P - .35

Topography S - 2%

Depth to Water Table S - >48"

Rock or other impervious formations S - None observed

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



Plot of System (Not to Scale)

Size of Tank 1500 Gals.

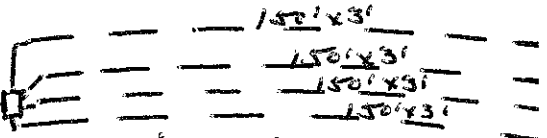
Nitrification Field:

No. of Lines 4

Sq. Ft. 1800 Linear Ft. 600

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐



Installed by Leroy Beam

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 _____

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 7/1/92

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

14760

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Wolfgang Christian DATE June 9, '92 PERMIT NO. 2H-A-60

PHONE: Business _____ Home _____

LOCATION 215 x I77 TL 1206 (Alcove) TR 1110 (Catalina) ~ ½ mile on left 300'± off road S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other Addition of bedroom & bath

No. Bedrooms 5 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 2.5 Ac

Soil Characteristics p.s clay

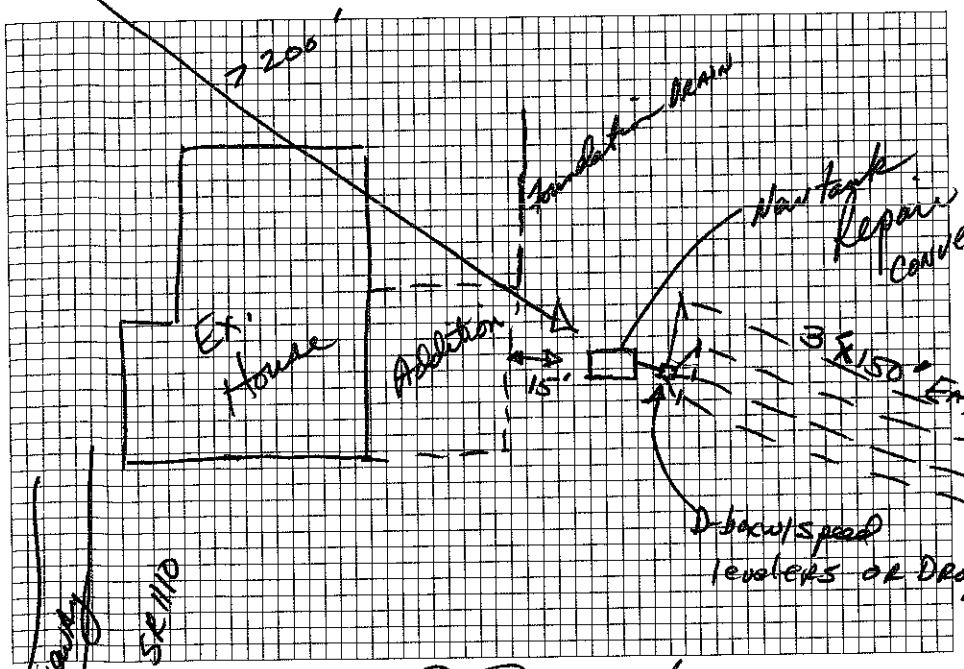
Application Rate k .35 gal/ft²/day

Topography ~6%

Depth to Water Table 74'

Rock or other impervious formations NONE obs

_____ Basement with Plumbing ✓ Old section Basement without Plumbing _____ No Basement ✓ (New Addition) Crawl Space



Plot of System (Not to Scale)

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1800 Linear Ft. 600

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by _____

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

Signed: X W. Christian

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

IMPROVEMENT PERMIT BY Dana R. Hinson, RS

COMMENTS Follow contour w/ drainfield. 30" max trench bottom depth

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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