15164

Plat # 4464-58-3503

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Paul Edward Bolick DATE 9/23/92 PERMIT NO. I-B-2A-5/6

PHONE: Business _____ Home 537-5638

LOCATION Villa Ln., Stevens TL on 2nd entrance to Bele Glade, to 5th + 6 lots on (R) S.R. No. _____

SUBDIVISION NAME Bele Glade LOT NO. 5/6 SECTION OR BLOCK NO. 1

House ☑ Mobile Home ☐ Business ☐ Other 24 x 24 GARAGE

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 1.8 AC

Soil Characteristics P - c/s,c (micaceous)

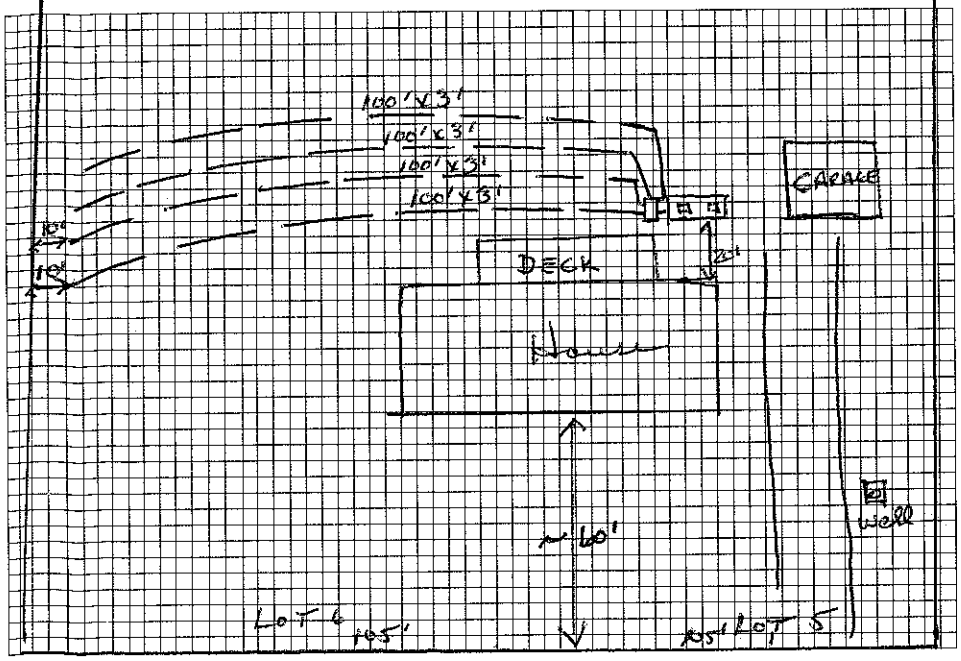
Application Rate P - .3 (VFG, P, S)

Topography P - 3%

Depth to Water Table 5 > 48"

Rock or other impervious formations 5 - None observed

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



Plot of System (Not to Scale)

VILLA LANE

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4 (E) 100' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by F J Ervin

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 RS. DATE 9/23/92

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