14230

IREDELL COUNTY HEALTH DEPARTMENT

PIN# 4664-58-4480

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR James and Lynda Yunick DATE April 15, '92 PERMIT NO. 1B2A8

PHONE: Business _____ Home _____

LOCATION 1125 S. TR 2nd entrance into Belle Glade on right

SUBDIVISION NAME Belle Glade LOT NO. 8 SECTION OR BLOCK NO. _____ S.R. No. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2½

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area .7Ac.

Soil Characteristics ps silty clay / silty clay loam

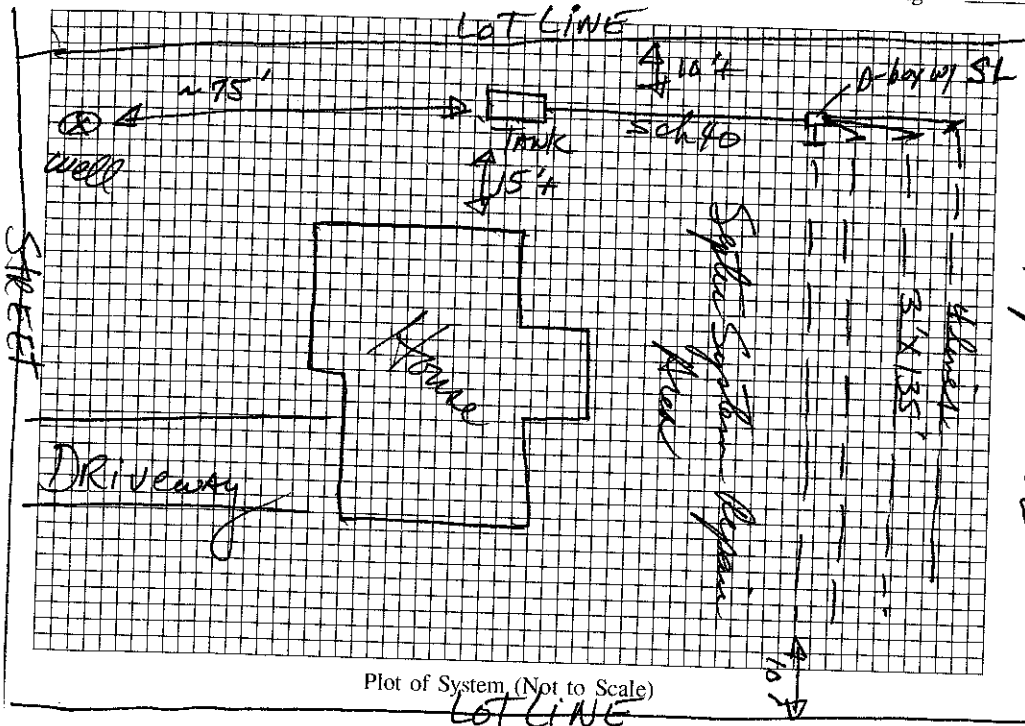
Application Rate .3

Topography 2-4%

Depth to Water Table 76"

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 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1620 Linear Ft 540

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by AAA (Sigmon)

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 DRA

COMMENTS _____

CERTIFICATE OF COMPLETION BY Marvin R. Hanson, RS DATE 4/15/92

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