1724

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR (LARRY BIANKENSHIP) FORMERLY JIM GIBREATH DATE 5/17/93 PERMIT NO. IM 405

PHONE: Business _____ Home 872-8981

LOCATION (L) corner of Whitman and Goodwin Circle

S.R. No. _____

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

House ☐ Mobile Home ☑ D/W Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 40,000 FT²

Soil Characteristics P - 5, C / C TRANS

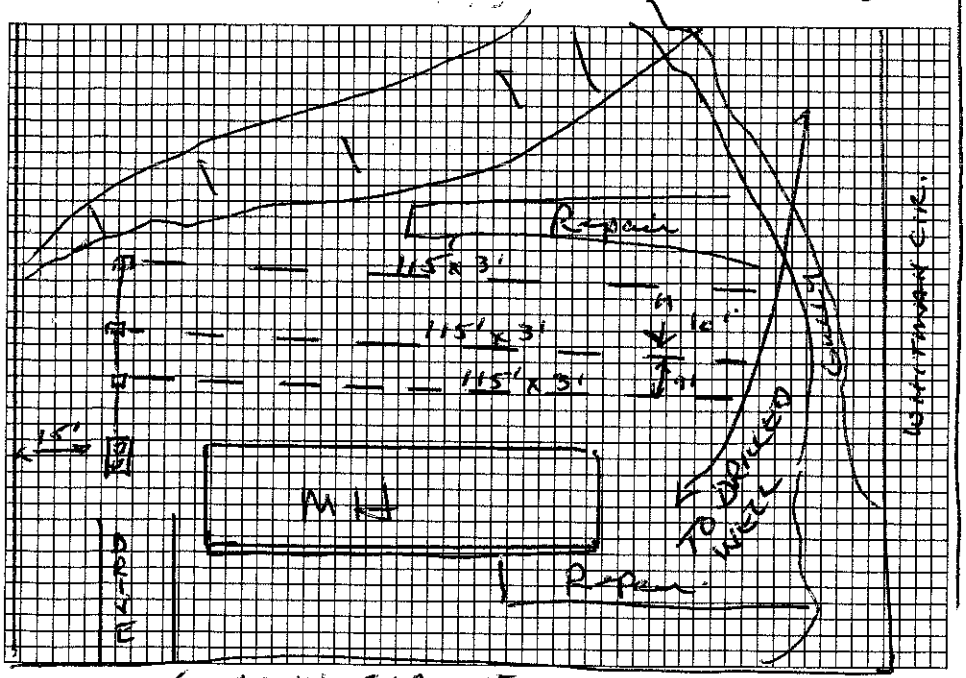
Application Rate P .3-.35 (WK SBK, SS)

Topography P - 17 - 5%

Depth to Water Table 5 > 48"

Rock or other impervious formations 5 - None Found

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



Goodwin Cir Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3 @ 115 x 3'

Sq. Ft. 960 ± Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ HOUSE NEXT DOOR

Public ☐

Installed by Kelly Parker

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 Repair area limited - lot platted prior to '81

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 5/17/93

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