4677165843

IREDELL COUNTY HEALTH DEPARTMENT

Repair

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Evelyn Newton DATE 8/20/92 PERMIT NO. —

PHONE: Business 664-7023 Home

LOCATION Azalea Dr, 1st brick house on R

S.R. No.

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

House ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area

Soil Characteristics P

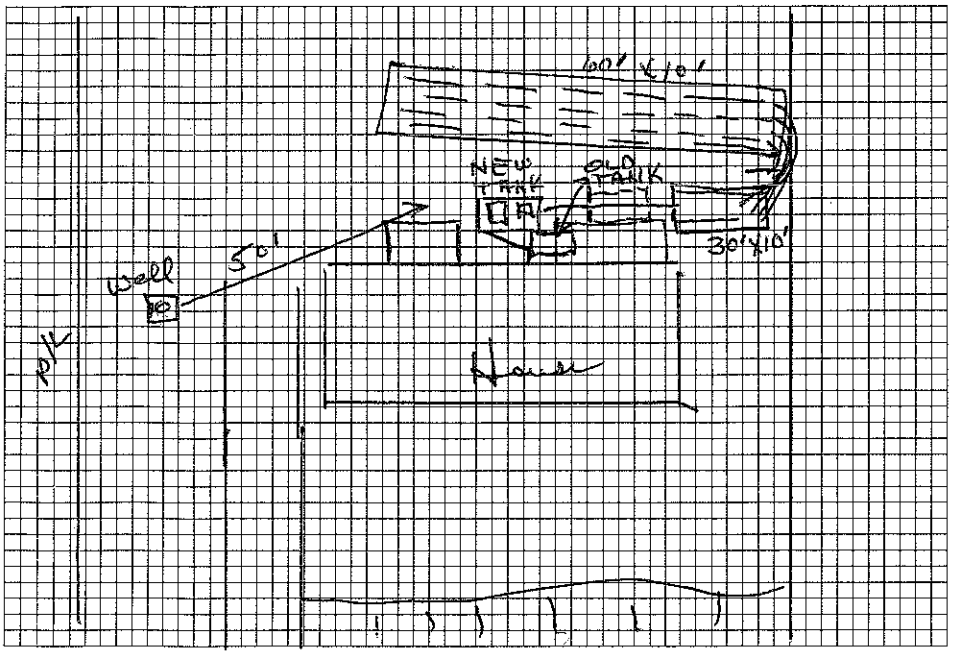
Application Rate P-.3

Topography P 16-12%

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) AZALEA DR,

Size of Tank 1000 / NEW Gals.

Nitrification Field:

No. of Lines 4 - 100' x 9-10' BED

Sq. Ft. 900 Linear Ft.

Depth of Stone in Lines 12-13"

Water Supply: Individual ☑ Public ☐

Installed by F I 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 Found old septic tank covered in 2/3 - 3/4 liquid capacity used up by dirt and concrete → New 1000 gal. Septic Tank had to be set as drawn.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS, DATE 8/20/92

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

Repair

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Evelyn Newton DATE 5/4/92 PERMIT NO. Repair

PHONE: Business 664-7023 Home

LOCATION Azalea Dr. 1st brick house on (L)

S.R. No.

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

House ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing

Soil Characteristics P - C + transition

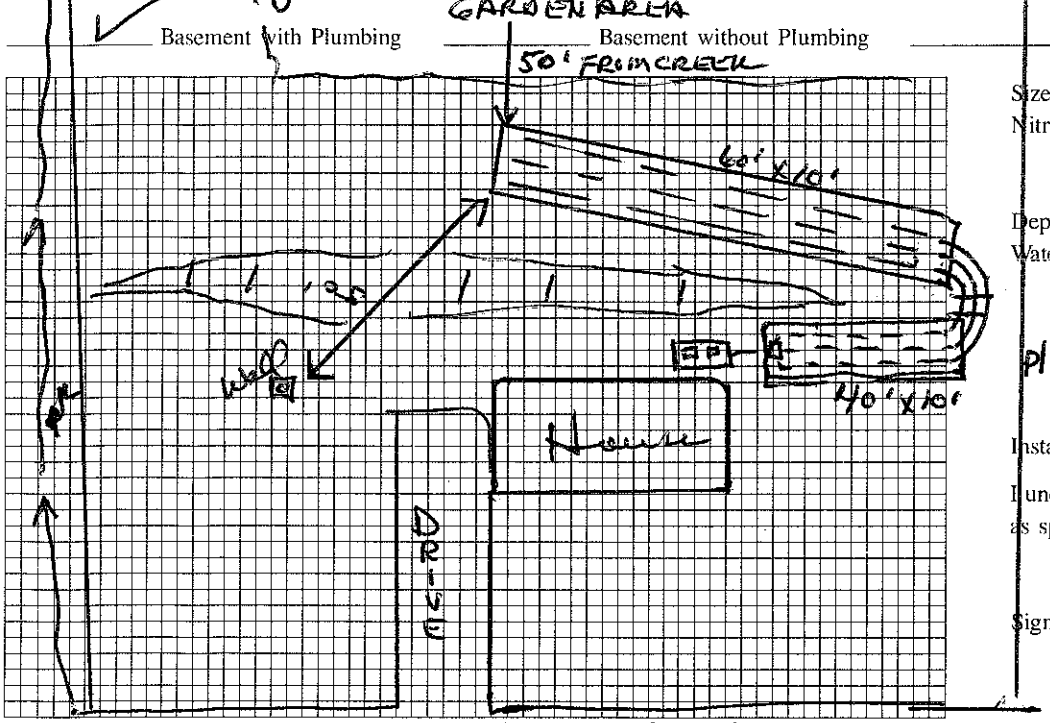
Application Rate P - .3

Topography P - 7-9%

Depth to Water Table P - 48"

Rock or other impervious formations P - None observed

☑ Basement with Plumbing ☐ Basement without Plumbing ☐ No Basement ☐ Crawl Space



Plot of System (Not to Scale) Azalea Dr.

Size of Tank 1000 EXISTING Gals.

Nitrification Field:

No. of Lines 3 @ 100' X 10'

Sq. Ft. 1000 Linear Ft. 380

Depth of Stone in Lines 14"

Water Supply: Individual ☑ Public ☐

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 Keep bed 50' from creek, 50' from well, 10' from right hand property line.

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