16099

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Sonja Beavers DATE 5-7-93 PERMIT NO. 3L-1-5D Pt. of

PHONE: Business _____ Home 528-6915

LOCATION Buffalo Shoals Rd. TL Pineville Rd. TL Ivy-Oswalt Rd. (across from Trantman VFD) Lot on L at end of Rd. (3rd From end)

SUBDIVISION NAME NA S.R. No. _____

LOT NO. _____ 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 1.55 acres

Soil Characteristics P.S. Clay

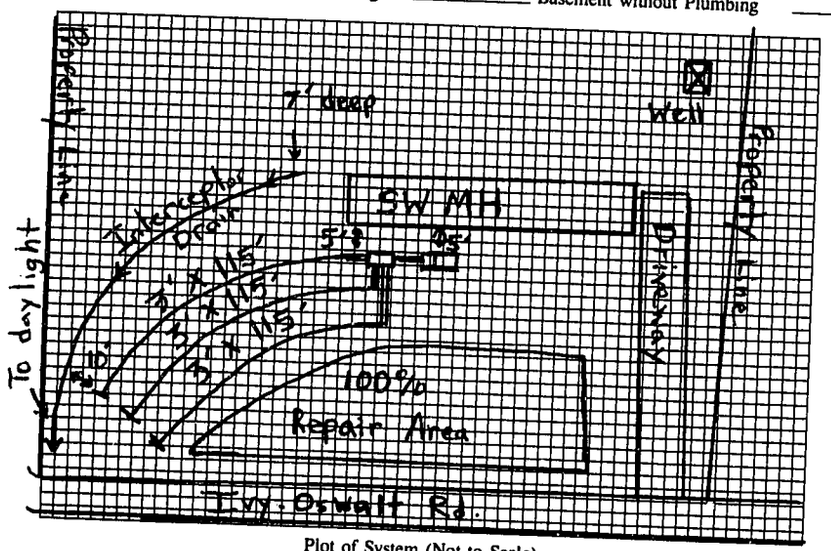
Application Rate .35 gpd/ft²

Topography 2-4 % L

Depth to Water Table >4'

Rock or other impervious formations NA

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



Plot of System (Not to Scale)

Size of Tank 1000 (3-25-93) Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345'

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Well

Public ☐

Installed by Powell Backhoe Service

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 Michael J. Dennis

COMMENTS Keep Mobile Home 5' from any part of septic system. 100% Repair area below system, conventional, gravity fed.

CERTIFICATE OF COMPLETION BY Michael J. Dennis

EXISTING SYSTEM CHECKED BY _____ DATE 5-7-93

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

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