14838

IREDELL COUNTY HEALTH DEPARTMENT

PIN # 4730-40-3261

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Hansford Epes Jr. DATE 3-17-93 PERMIT NO. 3F-13-A

PHONE: Business _____ Home _____

LOCATION Honeycutt Rd off State Park Rd Go to end turn (R) on Brer Fox Trail TL in Captians Cove lot 11 S.R. No. _____

SUBDIVISION NAME Captains Cove LOT NO. 11 SECTION OR BLOCK NO. —

Site Address: 104 Anchor Lane - Irtm.

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2 1/2

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Ample

Soil Characteristics Prev. suitable

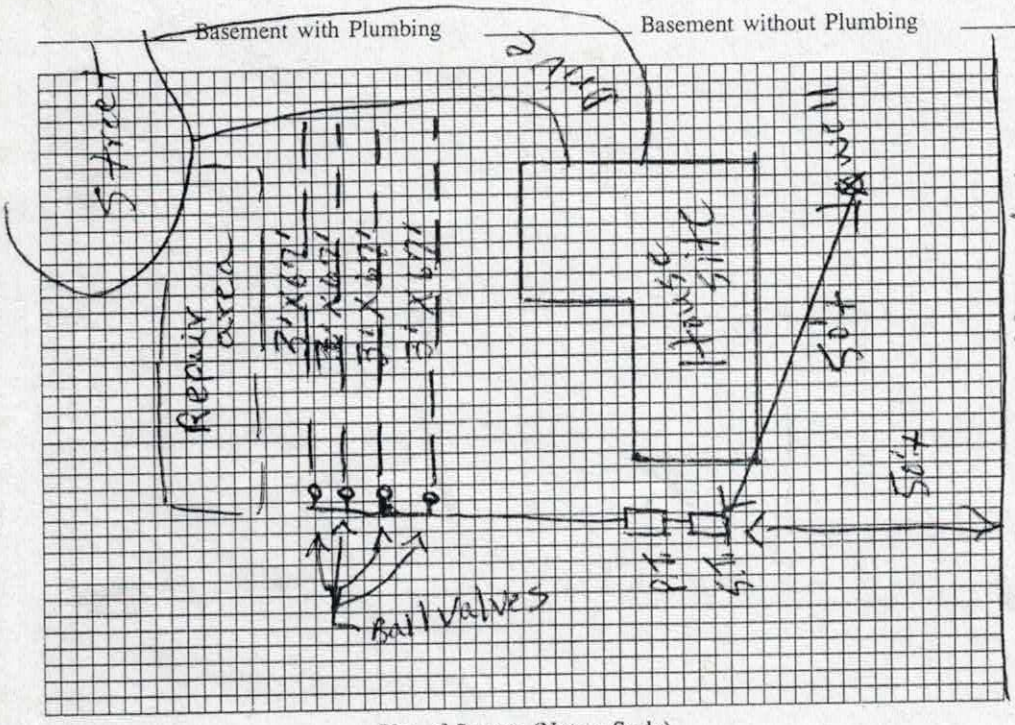
Application Rate .4

Topography 2 to 6%

Depth to Water Table 10+

Rock or other impervious formations none

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



Plot of System (Not to Scale)

Size of Tank 1250 S.T. 1250 P.T. Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ☐ Public ☐

200' Porus Block Pane

Installed by Richard Abernethy

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 Steve Brown

COMMENTS Type IV system Signed Inspection & maintenance agreement attached.

CERTIFICATE OF COMPLETION BY R.C. Moore DATE 3-17-93

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

ON-SITE SEWAGE DISPOSAL MONTHLY REPORT

Facility Ivan Johnson Property Tax Map _____

	current date	date of previous reading	no. days in period
	May 30, 1995	_____	_____

Well Water Meters	Main water meter	_____	_____	=	_____
	Meter #1	_____	_____	=	_____
	Meter #2	_____	_____	=	_____
	Meter #3	_____	_____	=	_____
	Meter #4	_____	_____	=	_____
Septic System	Pump #1 hours	_____	_____	=	_____
	events	_____	_____	=	_____
	Pump #2 hours	_____	_____	=	_____
	events	_____	_____	=	_____
	Pump #3 hours	_____	_____	=	_____
	events	_____	_____	=	_____
	Pump #4 hours	_____	_____	=	_____
	events	_____	_____	=	_____

	Y	N	Comments
Pumps Operating?	✓	_____	_____
Alarms Operating?	✓	_____	_____
Drainfields vegetation maintained	✓	_____	_____
no effluent surfacing, leaking pipes	_____	✓	_____
Tanks/Lift Stations pumps operating	✓	_____	_____
alarm operating	_____	_____	_____
tanks pumped out this period	_____	✓	spaces _____

Other comments System operating properly

This report is to be submitted on the 1st of each month to: Iredell County Health Dept.
PO Box 1268
Statesville, NC 28687

Any other problems must be reported immediately to the Health Department.

This report submitted by: Stephen S. Overcash