14503.

43018

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR SHAW CONSTRUCTION DATE 9-9-92. PERMIT NO. 3F-13-A-4.

PHONE: Business _____ Home _____

LOCATION Honeycutt Rd. off St. Park Rd. - T.R. on Brer Fox Trail - T.L. into dev. - T.L. at TEE - 100 yards on left.

SUBDIVISION NAME CAPTAIN'S COVE DEV. LOT NO. 4, SECTION OR BLOCK NO. _____ S.R. No. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Ample.

Soil Characteristics Prop. Suitable.

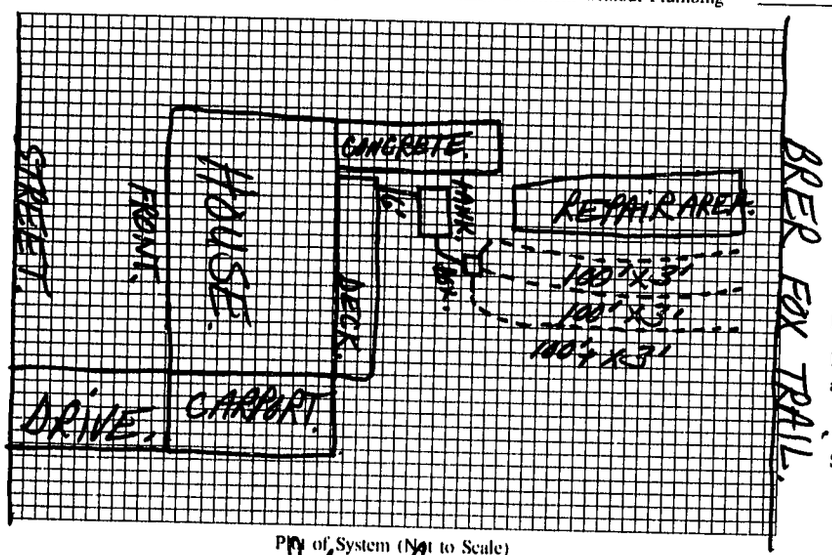
Application Rate .42 sq. ft.

Topography 2 - 8%

Depth to Water Table 18+

Rock or other impervious formations none observed.

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



Plan of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900+ Linear Ft. 300+

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Wes Lytton

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 _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 9-9-92.

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