4730920470

Repair

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Harvey Johnson DATE 4/28/93 PERMIT NO. ____

PHONE: Business ____ Home 528-6307

LOCATION Hampton Cove Rd; Perth Rd N, TR on Cloverly Hill, .1 mile on (R) S.R. No. ____

SUBDIVISION NAME ____ 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 Existing

Soil Characteristics ____

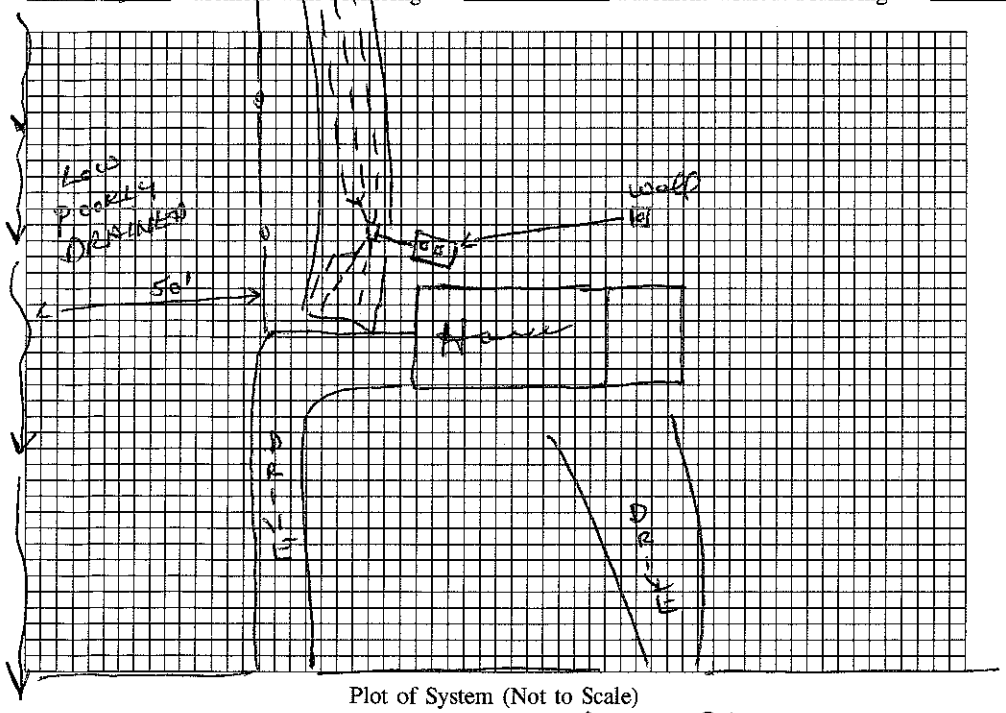
Application Rate P. 2 (P, S, WK)

~~Topography~~

Depth to Water Table ____

Rock or other impervious formations ____

1 Basement with Plumbing ____ Basement without Plumbing ____ No Basement ____ Crawl Space




Plot of System (Not to Scale)

HAMPTON COVE RD.

Size of Tank Existing 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 80' x 90' x 12.5'

Sq. Ft. 1000 Linear Ft. 360

Depth of Stone in Lines 14-16"

Water Supply: Individual ☑ Public ☐

Installed by Wes Litton

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 Moved drainfield 50 feet from creek and out of poorly drained lowland. Maple tree roots had clogged drainline that ran from S/T down to 2 old drainlines 30-35' from creek.

CERTIFICATE OF COMPLETION BY Wesley Sparks 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

REPAIR

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Harvey Johnson DATE 3/19/93 PERMIT NO. —

PHONE: Business _____ Home 528-6307

LOCATION Hampton Cove Rd South N TR on Clontz Hill Rd on Hampton Cove .1 mile on (R) 2ND Brick house S.R. No. _____

SUBDIVISION NAME _____ 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 Existing

Soil Characteristics _____

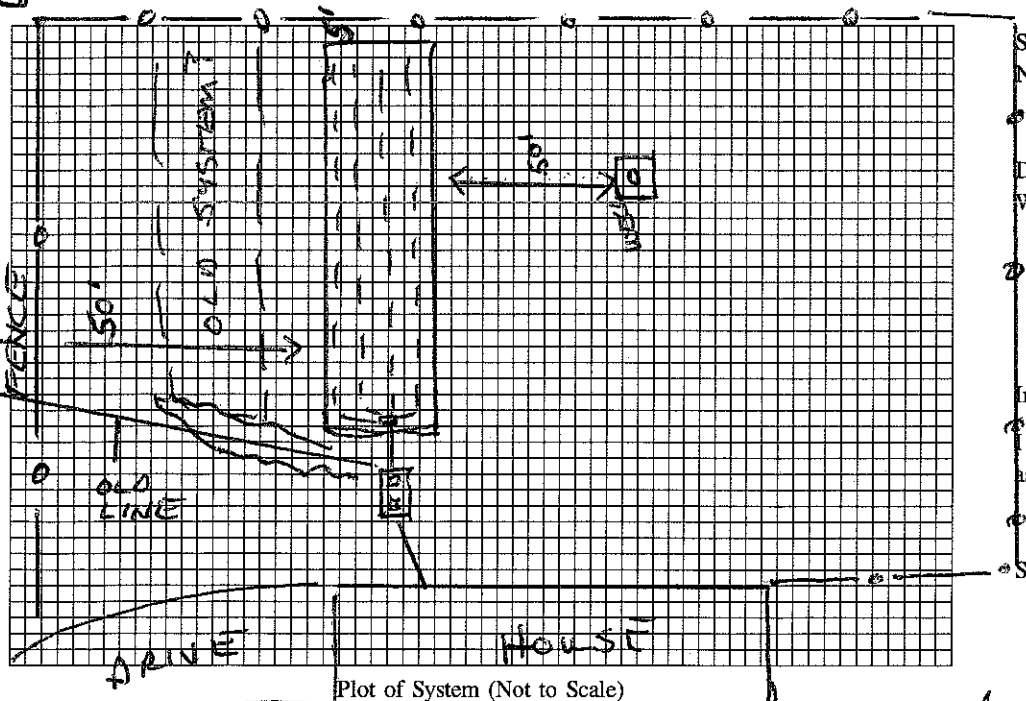
Application Rate P-.2 (p, s, wk)

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

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




Plot of System (Not to Scale)

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 4 - 80-90' x 12'

Sq. Ft. _____ Linear Ft. 320-360

Depth of Stone in Lines 14-16"

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 Sparkes.

COMMENTS OLD LINE TO BE DISCONNECTED.

BED WILL BE DEEP - HOWEVER AVAILABLE SPACE IS MINIMAL ON THIS SITE

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