14609 4770 078402 PIN# [redacted]

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR JAMES O. GANUS DATE 10/15/92 PERMIT NO. 4J-1-A-8

PHONE: Business ______ Home 278-9147

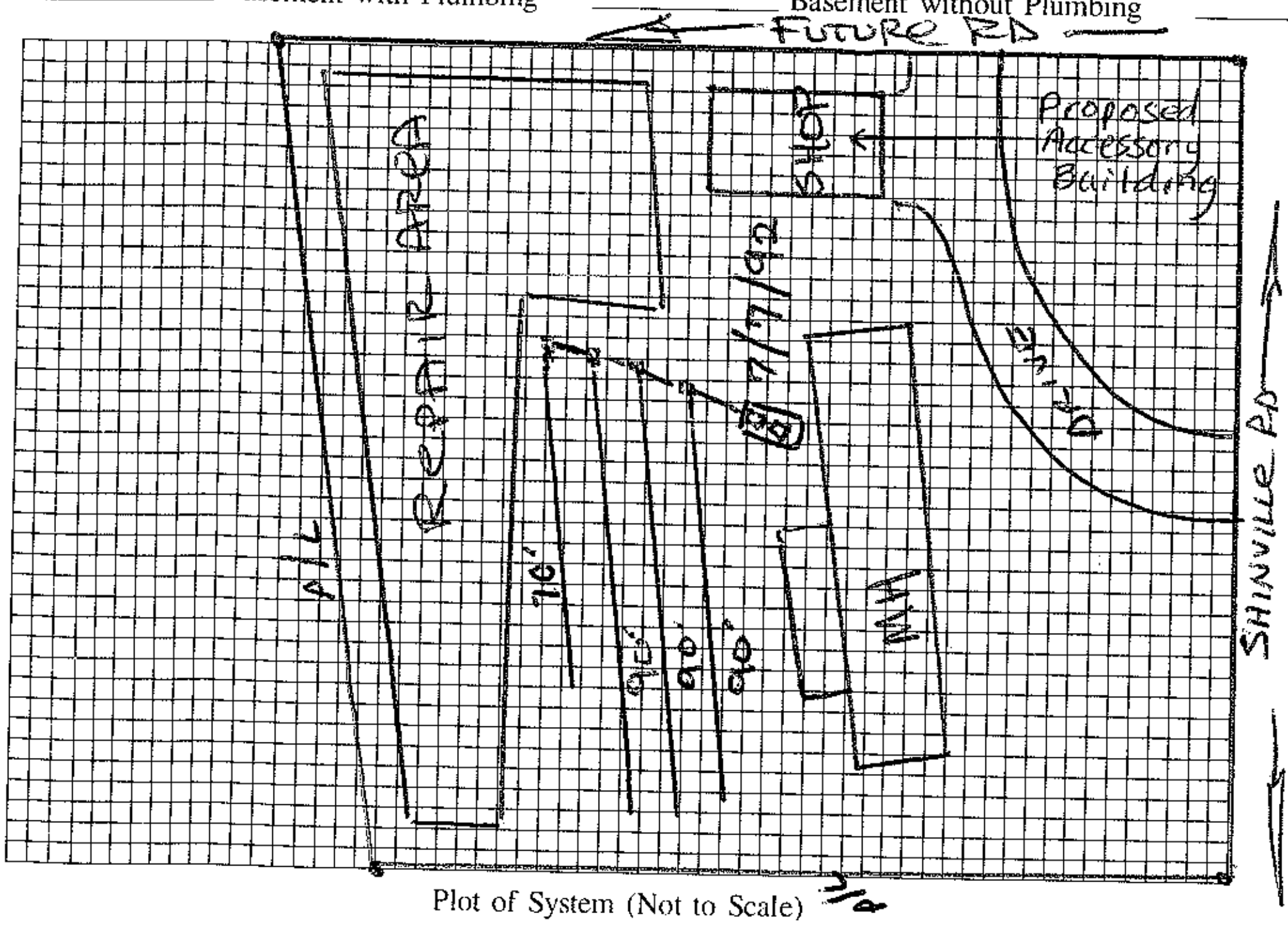
LOCATION SHINVILLE RD, 1 MILE PAST SHINN'S STORE ON RIGHT IN FIELD, to 2ND LOT ON RIGHT S.R. No. ______

SUBDIVISION NAME CRESTVIEW LOT NO. 8 SECTION OR BLOCK NO. 1

House ☐ Mobile Home ☑ ← NOT ON SITE, BEING STAKED Business ☐ Other ______

No. Bedrooms 3	No. Bathrooms 2	Soil Characteristics	P- ~~S/C~~ SiC TRANS
Garbage Disposal Unit	Yes ☐ No ☑	Application Rate	P- 0.35 (Fine, SILT LIKE TRANSITION)
Auto. Dishwasher	Yes ☑ No ☐	Topography	P- 3-5%
Auto. Wash. Machine	Yes ☑ No ☐	Depth to Water Table	S - 48"
Lot Area ~20,000 sq'		Rock or other impervious formations	P- 36-48" TO TRANS.

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 90' x 3'

Sq. Ft. 1028 Linear Ft. 360'

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐ NOT YET DRILLED

ADVANCE MOBILE HOME

Installed by SERVICE + BACKHOE

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 AWS

COMMENTS ______

The location of the proposed Accessory Building **addition does not appear to impact the existing septic system.**
****NOTE:** 12'x16' shall be min. 5' from tank/repair
Andy Melville **REHS**
Date: 8-21-12
ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 10/15/92

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