4616912279

IREDELL COUNTY HEALTH DEPARTMENT

Repair

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR James C Hunter DATE 1/30/92 PERMIT NO. ——

PHONE: Business _____ Home _____

LOCATION Landover Ln. - 1100 TR on 1177 to end, TL on Barber Loop, ~1/2 mile TR on Landover to last house on road S.R. No. _____

SUBDIVISION NAME C L & T LOT NO. 84 SECTION OR BLOCK NO. 7

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 P - c l sc mixture

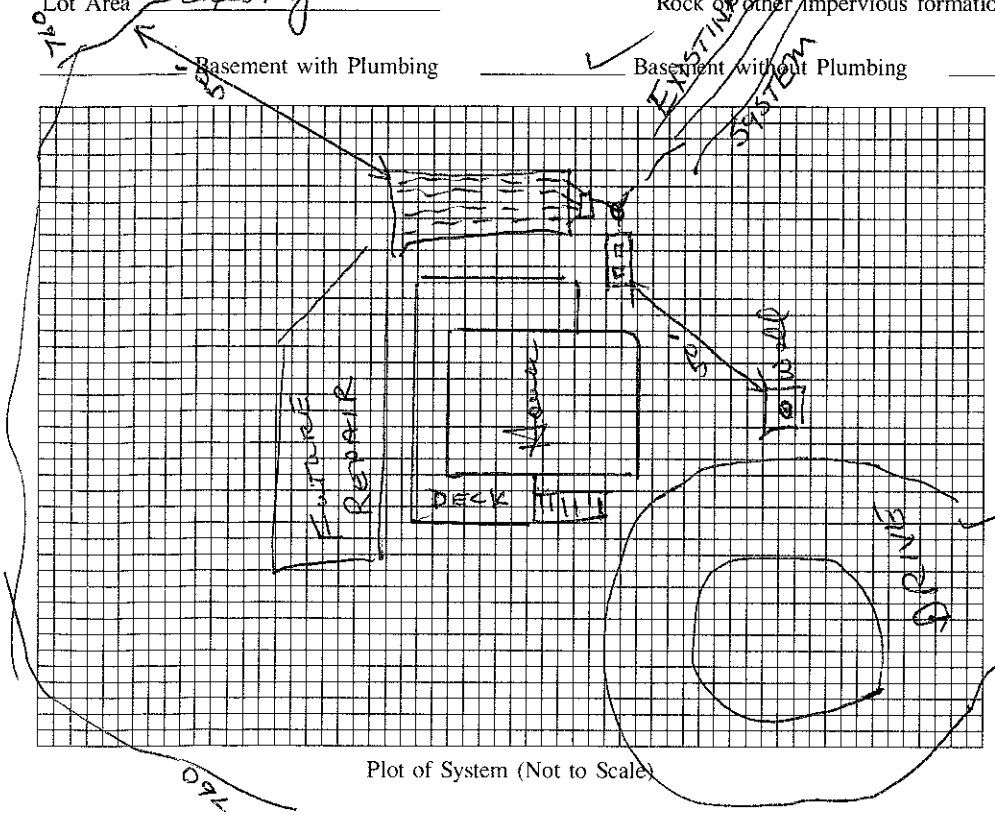
Application Rate .3 wk, s-s

Topography 2%

Depth to Water Table > 48"

Rock or other impervious formations No

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



Plot of System (Not to Scale)

Size of Tank EXISTING 1000 Gals.

Nitrification Field:

No. of Lines 12' x 50' Bed

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12" +

Water Supply: Individual ☑ Public ☐

Installed by T W [redacted] Simmons

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 Done as shown on dwg. Permit. Tight for space. Deeper at B/Bed in order to maintain 12" cover at ending bed.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 1/30/92

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