1630-2.00

IREDELL COUNTY HEALTH DEPARTMENT

16302

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert E. Weisenberger Jr. DATE May 18, '93 PERMIT NO. 2F3A 173

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TL 2nd Kemp TR 1220 2nd lot on left box 320 S.R. No. _____

SUBDIVISION NAME Crescent / Lake Norman LOT NO. 173 SECTION OR BLOCK NO. 8

~~Future~~ / TEMP.

House ☑ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2-3

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing

Soil Characteristics _____

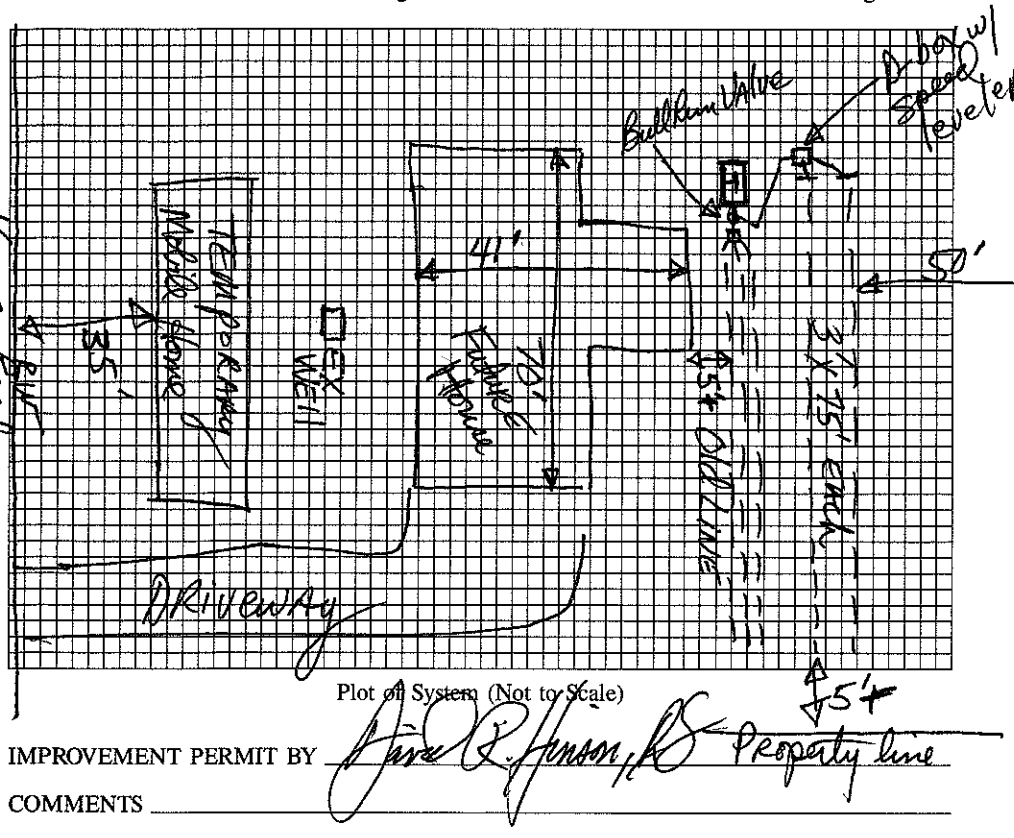
Application Rate _____

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 2 + Existing

Sq. Ft. 450 Linear Ft. 150+Ex.

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by _____

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: ~~X~~ Kimberly J. Weisenberger

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Jane R. Jenson, RS

COMMENTS _____

STB 794

1000gal Dellinger 8-4-93

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

3/94