Repair

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Bill Mitchell DATE 1/27/92 PERMIT NO. Repair

PHONE: Business _____ Home _____

LOCATION Langtree Rd, TR on pvmt rd & left on Island Ford Trail pvmt rd, to first on R S.R. No. _____

SUBDIVISION, NAME N/A LOT NO. N/A SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other Repair

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-cl (ss-sp)

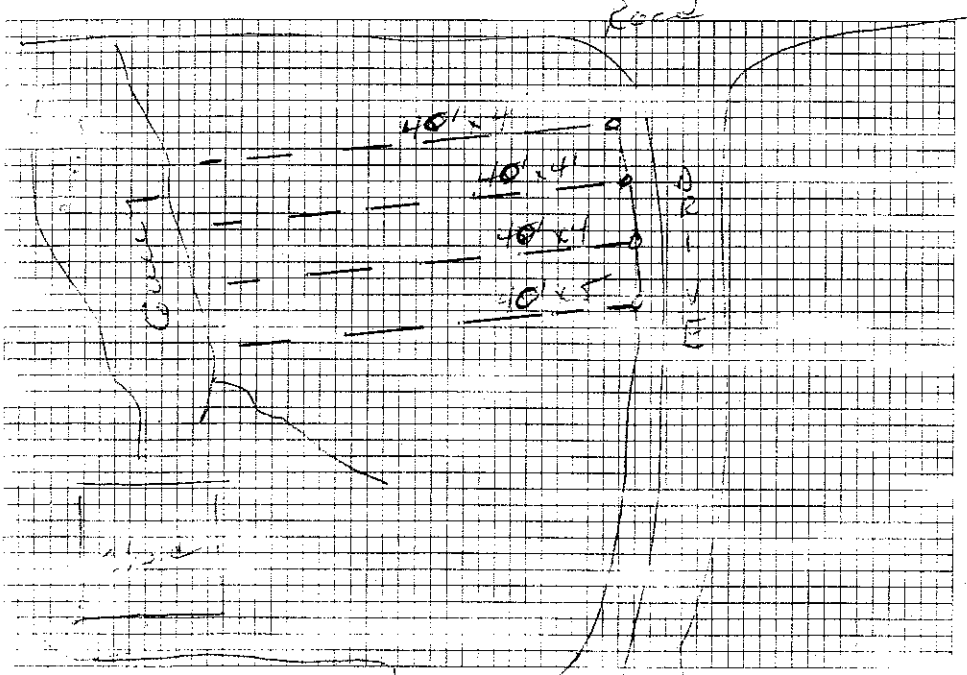
Application Rate .4

Topography 2-3%

Depth to Water Table >48"

Rock or other impervious formations None encountered

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



Plot of System (Not to Scale)

Existing pipe

Size of Tank Existing 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 40' x 4'

Sq. Ft. 720 Linear Ft. 180

Depth of Stone in Lines 12"

Water Supply: Individual ☑

Public ☐

Installed by Richard Abernethy

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

Signed: _____

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

IMPROVEMENT PERMIT BY _____

COMMENTS Drive

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 1/27/92

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 [illegible], 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