4636-88-5122

13791

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Chobsan DATE 3/31/92 PERMIT NO 2K-10-A-1

PHONE: Business _____ Home 636-7954

LOCATION Canvasback Rd. ~ 1500 feet from 1100 on (R) side of road

S.R. No. _____

SUBDIVISION NAME Josh Acres LOT NO. 1 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area .752

Soil Characteristics P SC/C

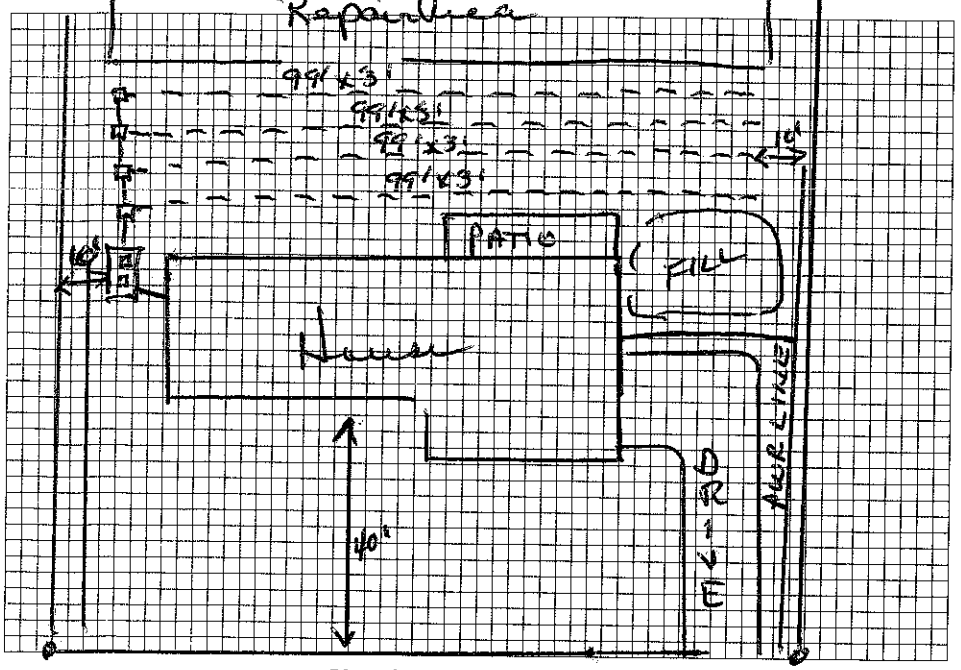
Application Rate P .3

Topography 20%

Depth to Water Table 36-40"

Rock or other impervious formations None observed

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



Plot of System (Not to Scale)

CANVASBACK

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 99' x 3'

Sq. Ft. 1200 Linear Ft. 396

Depth of Stone in Lines 12"

Water Supply: Individual ☐ common

Public ☑ System

Installed by Rowan Septic Tank

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 Gutters on house must be piped across drainfield area

Fill area must be sloped to drain around end of drain lines.

Trenches shallow no deeper than 30" to trench bottom.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 3/31/92

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