13631

IREDELL COUNTY HEALTH DEPARTMENT

4636-93-0969

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Warren Hilkert Builders DATE 7/7/92 PERMIT NO. 26-19-A-101

PHONE: Business _____ Home _____

LOCATION 1100 TL ON 1179 TL ON BROADBILL TR ON RINGNECK ON (R)

S.R. No. _____

SUBDIVISION NAME WOODLAND HILLS LOT NO. 101 + SEWER EASEMENT ACROSS ROADWAY 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 ~ 1AC

Soil Characteristics P C

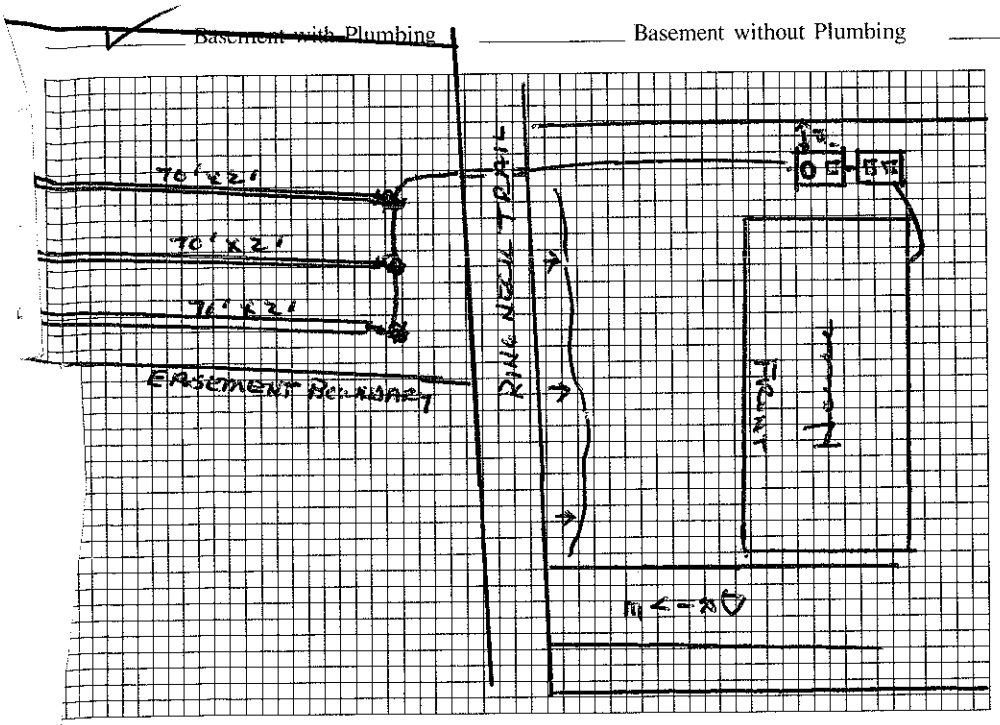
Application Rate P .3

Topography P 4%

Depth to Water Table S >48"

Rock or other impervious formations S - NONE OBSERVED

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



Plot of System (Not to Scale)

Size of Tank 1000 ST / 1087 PT Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 210' *

Depth of Stone in Lines 6" SAND UNDER

Water Supply: Individual ☐ Public ☑ comm sys.

* 16" PDBS - Pressure Dosed Drainfield

Installed by Tommy Frye

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 House already occupied for 2wks when system completed - all valves cut off Pump Run continuously for 2wks before completion - C.O. already issued prior completion.

* OPERATIONS PERMIT

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 7/7/92

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

rmit 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 rmation is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold