15278

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Ron Lilly DATE 10/2/92 PERMIT NO. 2P-3-A-9

PHONE: Business ______ Home 664-5141

LOCATION Doolie Rd; 150W TL on Doolie to 2nd trailer on (R) past Whippoorwill Rd. S.R. No. ______

SUBDIVISION NAME CL+T LOT NO. 1170 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 Existing ~1 AC

Soil Characteristics P-C

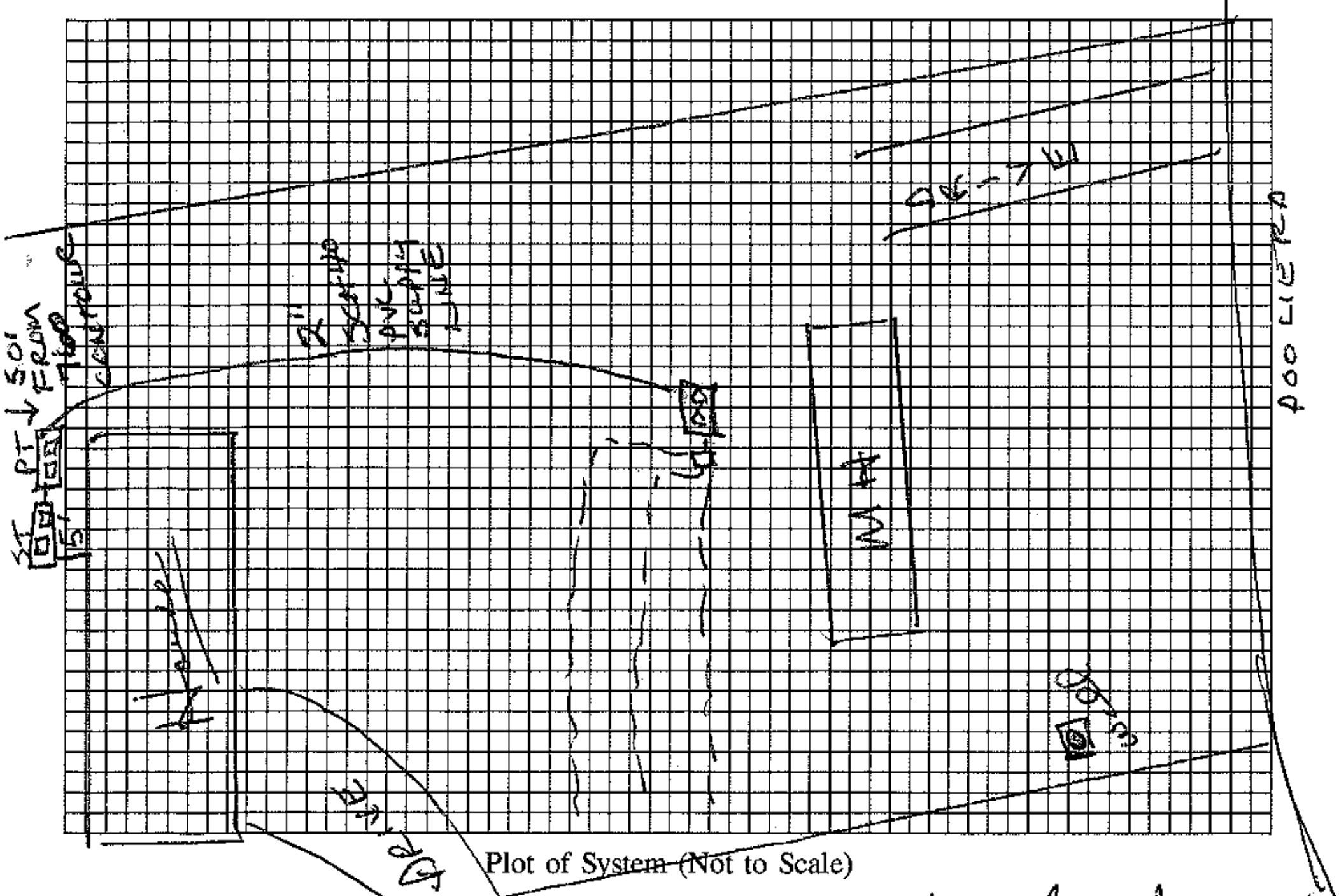
Application Rate ______

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 ST 1000 - PT 1000 Gals.

Nitrification Field:

No. of Lines Existing drainfield

Sq. Ft. 900 Linear Ft. ______

Depth of Stone in Lines ______

Water Supply: Individual ☑ Public ☐

Installed by ______

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

Signed: x Ronald N Lilly

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

IMPROVEMENT PERMIT BY Wesley Sparks R.S.

COMMENTS Mobile Home to be removed. No evidence of malfunction on original system.

2/2/93 2-1000 GALS. S/T set and covered - AWS -

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