4638 04 4021

Repair

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Bill Jobs DATE 3/23/93 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION Robinson Rd; approx .7 mile on (L) from 150 W

S.R. No. _____

SUBDIVISION NAME CL+T LOT NO. 202 SECTION OR BLOCK NO. 11

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics Existg System

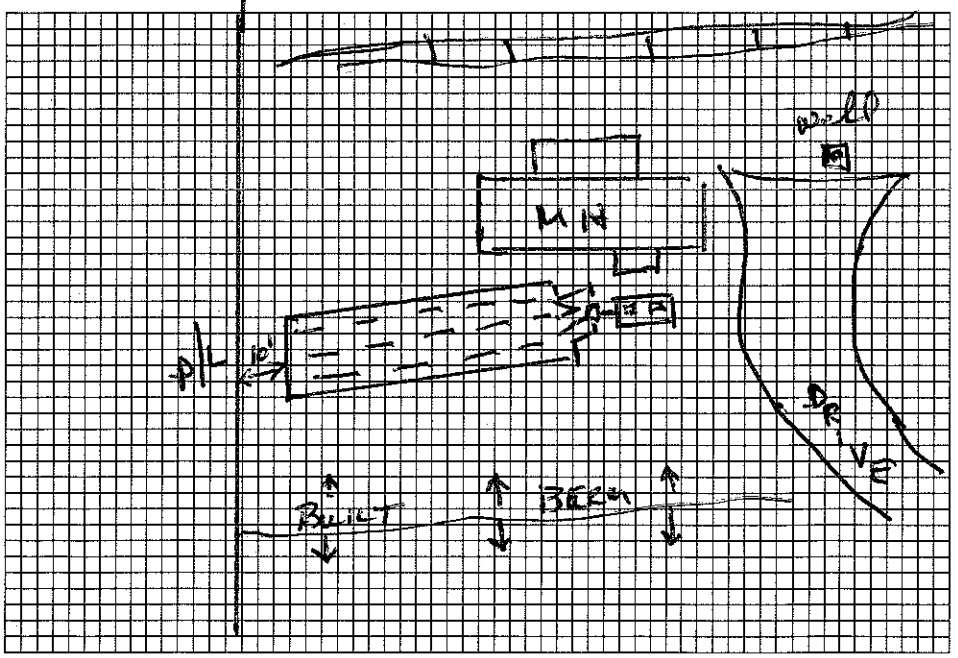
Garbage Disposal Unit Yes ☐ No ☑ Application Rate _____

Auto. Dishwasher Yes ☑ No ☐ Topography _____

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table _____

Lot Area Existing Rock or other impervious formations _____

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



Plot of System (Not to Scale)

Size of Tank Existg 1000 Gals.

Nitrification Field:

No. of Lines 50'x10-11' Bed

Sq. Ft. 500 Linear Ft. 150

Depth of Stone in Lines 12-14"

Water Supply: Individual ☑ Public ☐

Installed by Duncan Plumbing Co.

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 Aws.

COMMENTS Well Structured Clay for 36-40";

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 3/23/93

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