463925 7544

14905

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Douglas L. Brandon DATE 7/16/92 PERMIT NO. 3C-1-A-51

PHONE: Business _____ Home 766-(919)-9586

LOCATION Marietta Rd, TR off Fern Hill Rd. just before church - .2 mile TR on GRAVEL TO 1st TRAILER ON (L) S.R. No. _____

SUBDIVISION NAME C L & T LOT NO. 51 SECTION OR BLOCK NO. 16

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 1 No. Bathrooms 1.5 Soil Characteristics Existing System

Garbage Disposal Unit Yes ☐ No ☑ Application Rate _____

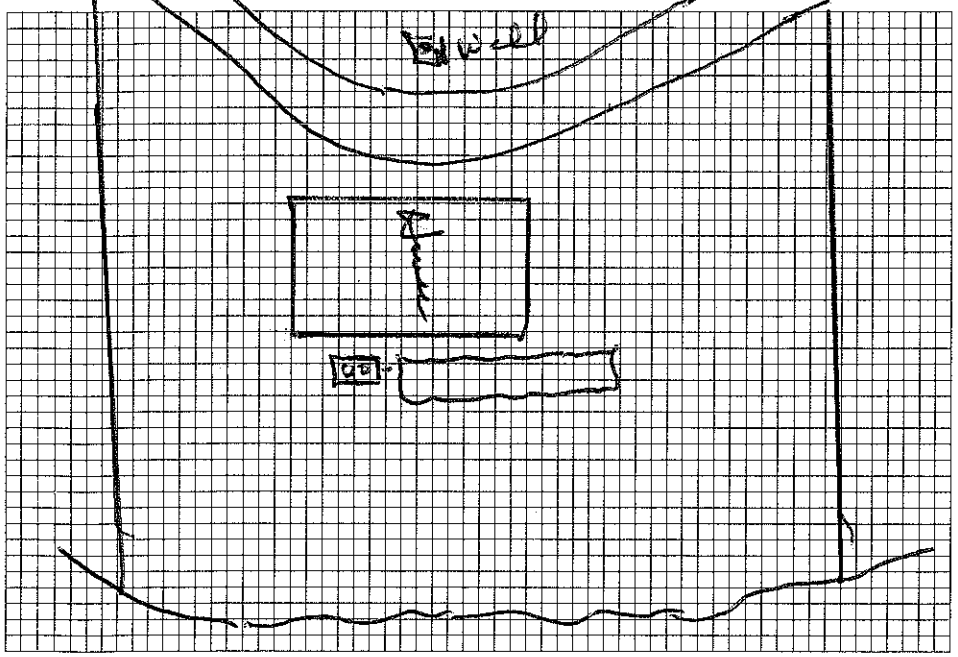
Auto. Dishwasher Yes ☑ No ☐ Topography _____

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

Lot Area Existing Rock or other impervious formations _____

RAYMONDA RD.

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



Plot of System (Not to Scale)

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ 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: _____

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

IMPROVEMENT PERMIT BY _____

COMMENTS No evidence of malfunction on this date - OK'd for 1 bedroom addition

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY Wesley Sparks RS. DATE 7/16/92

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