13444

# IREDELL COUNTY HEALTH DEPARTMENT

PIN # 4647-80-8556

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Tony Waggoner DATE 1/27/92 PERMIT NO. 2J-11-A-3

PHONE: Business _____ Home _____

LOCATION Sunfish Dr, 215 TR on 1160, TL on Sunfish to 2nd lot on (R)

S.R. No. _____

SUBDIVISION NAME Clippers Run LOT NO. 3 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 3.5

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 2 acres

Soil Characteristics P - c/sc c (ss)

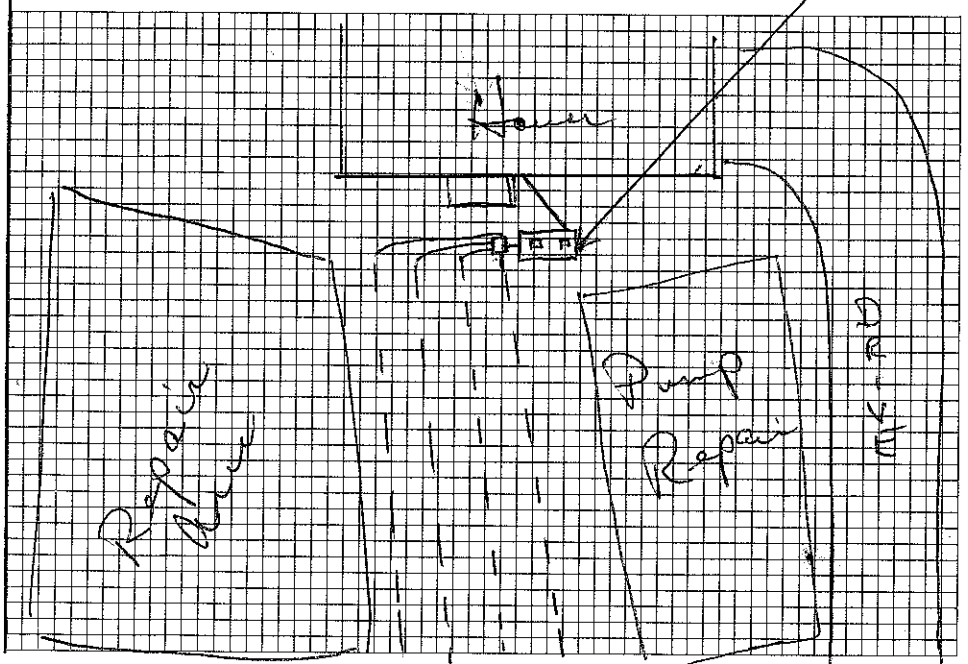
Application Rate .35

Topography 5%

Depth to Water Table >3'

Rock or other impervious formations none observed

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




Plot of System (Not to Scale)

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4@115'x3'

Sq. Ft. 1380 Linear Ft. 460

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by FJ Ervin

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~~ _____ Sunfish Dr.

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 1/27/92

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