13899

IREDELL COUNTY HEALTH DEPARTMENT

Plat 465-87-5312

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Raymond Hobbs DATE May 22, '92 PERMIT NO. IC2A71

PHONE: Business _____ Home _____

LOCATION 115 S. TL 1138 TR Buckingham TR Canterbury TL Buckingham ~300' on left S.R. No. _____

SUBDIVISION NAME Davidson Downes LOT NO. 71 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~20,000 ft²

Soil Characteristics PS clay

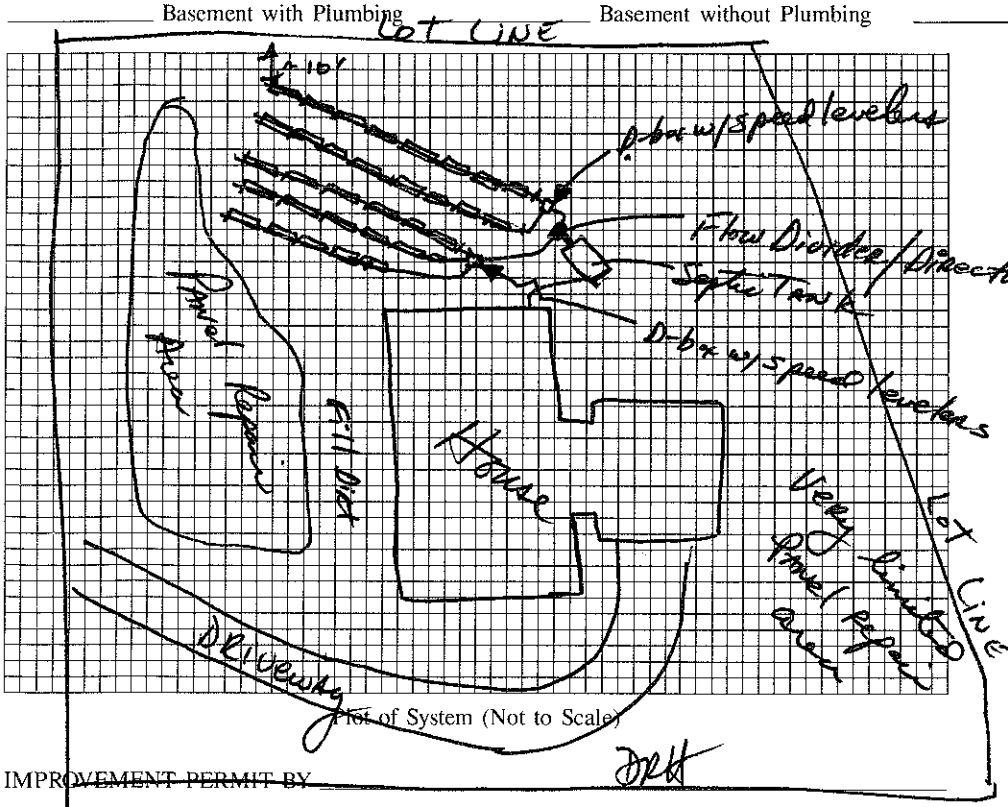
Application Rate 2.3 ~42%

Topography sl. comp

Depth to Water Table >6'

Rock or other impervious formations NONE obs

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5 (100' of each side of Flow Div.)

Sq. Ft. _____ Linear Ft. 200'

Depth of Stone in Lines 16"

Water Supply: Individual ☐ PPBS

CW Public ☑

Installed by H J 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 DRH

COMMENTS Drainfield deeper than specified but soil looked good.

CERTIFICATE OF COMPLETION BY D R Henson, RS DATE 5/22/92

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