4656 535853

IREDELL COUNTY HEALTH DEPARTMENT

Rapair

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR James Coone DATE 4/28/93 PERMIT NO. _____

PHONE: Business _____ Home 664-2716

LOCATION Klutz Rd. - 115-5 TL Klutz to 4th house on (L)

S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Equity

Soil Characteristics P

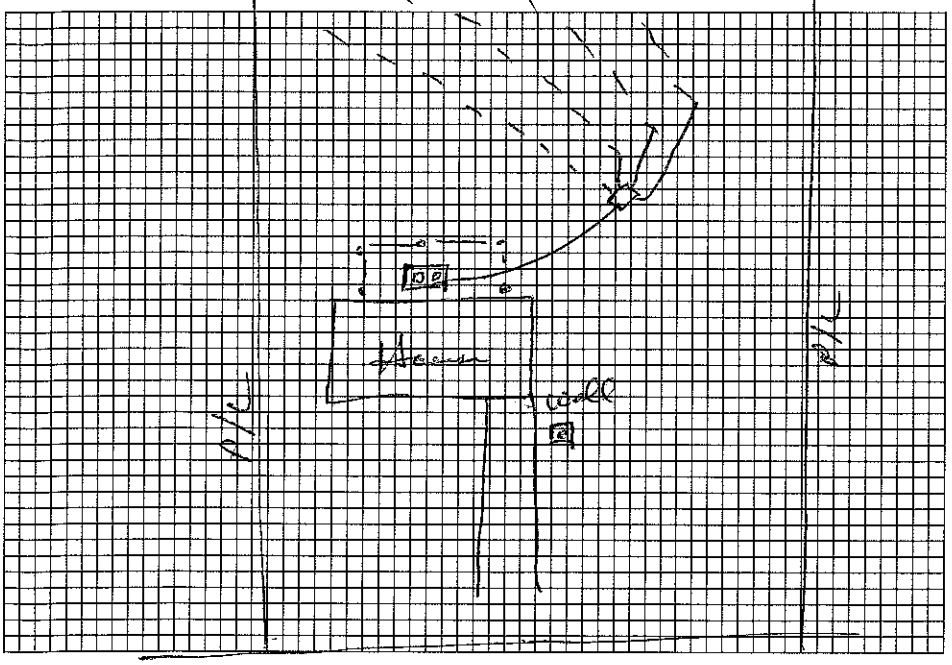
Application Rate P : 2

Topography P - 8 - 10%

Depth to Water Table P -

Rock or other impervious formations P

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



Plot of System (Not to Scale)

KLUTZ RD

Size of Tank Equity 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 80' x 3'

Sq. Ft. 960 Linear Ft. 320

Depth of Stone in Lines 12"

Water Supply: Individual ☑

Public ☐

Installed by F J Coone

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 _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS- DATE 4/28/93

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

2 30 pm
FJ

Replace

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Jeanee Coone DATE 2/18/93 PERMIT NO. —

PHONE: Business _____ Home 664-2716

LOCATION Klutz Rd, 1155 TL on Klutz - to 4th house on (L)

S.R. No. _____

SUBDIVISION NAME — LOT NO. — SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing Acreage

Soil Characteristics P

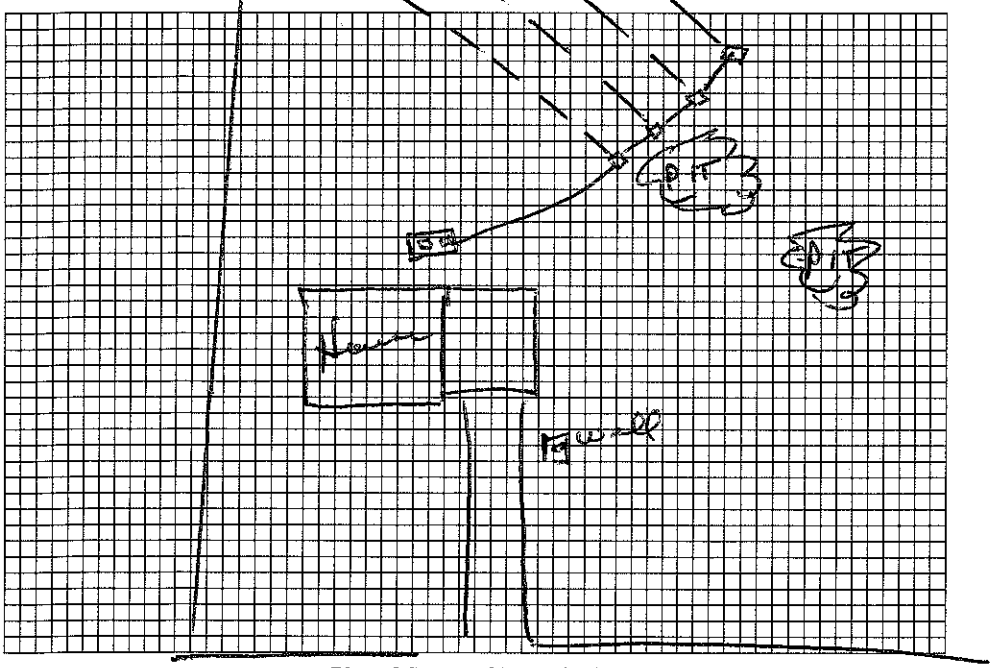
Application Rate P - .2

Topography P - 8-10%

Depth to Water Table P -

Rock or other impervious formations P - 40" transition material

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



Plot of System (Not to Scale) KLUTZ RD

Size of Tank 1000 / Existing may be used with New Gal.

Nitrification Field:

No. of Lines 4 @ 80' x 3'

Sq. Ft. 960 Linear Ft. 320

Depth of Stone in Lines 12"

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 Wesley Sparks R.S.

COMMENTS

Check and pump old S/T - Replace T if necessary

Keep trenches no deeper than 36" to trench bottom

Change plumbing under house - run washer into septic tank and out of old pit.

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