4656540284

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Jingles / Shop-N-Save DATE May 13, '92 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. on left next to Klutz Rd.

S.R. No. _____

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

(Repair - temporary)

House ☐ Mobile Home ☐ Business ☑ Other Existing Meat Market / store

No. Bedrooms _____ No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☐ No ☑

Lot Area _____

Soil Characteristics ps clay / sic loams very friable

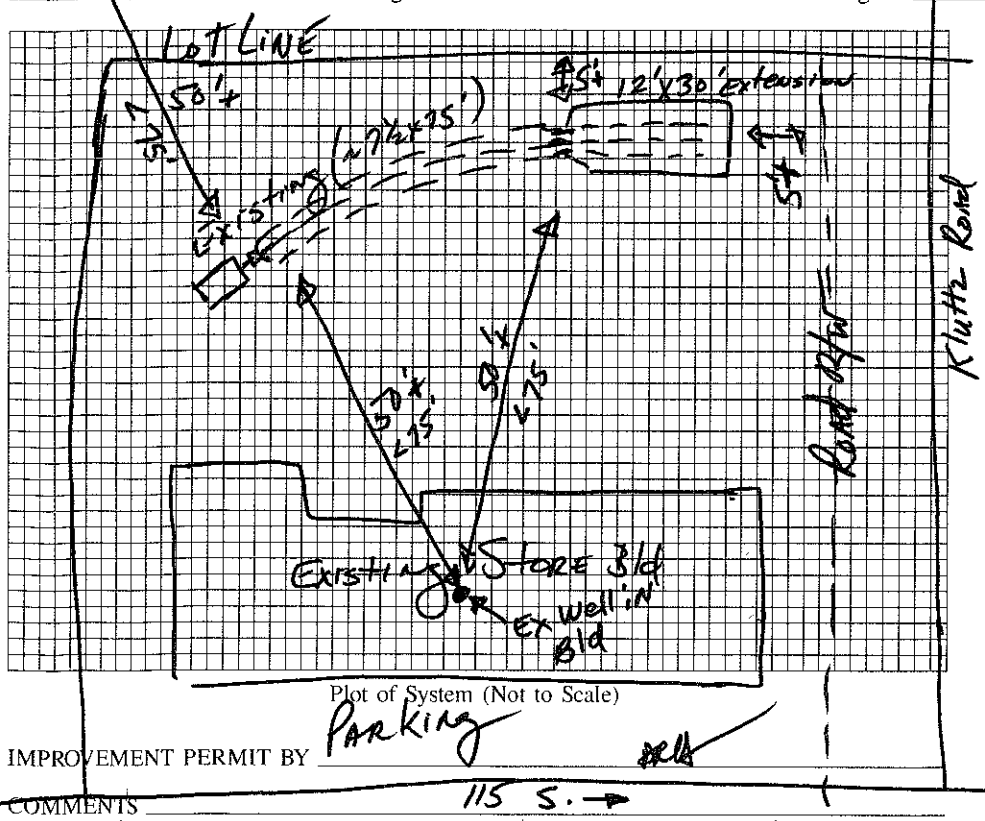
Application Rate 3+

Topography 4-6% sl-to mod. complex

Depth to Water Table 70'

Rock or other impervious formations NONE obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement (Slab) _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank Existing Gals.

Nitrification Field: Drainfield extension

No. of Lines ~12'x30

Sq. Ft. _____ Linear Ft. ~120

Depth of Stone in Lines 36"

Water Supply: Individual ☑ 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 _____

COMMENTS 115 S. →

This repair is designed as a temporary solution while owner is to make arrangements to pump to Mrsvl. city sewer. No substantial usable area remains for septic system repair on this site.

CERTIFICATE OF COMPLETION BY James R Hinson, RS. DATE 5/13/92

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