4657-04-0475

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Kermit Buie DATE 12/16/92 PERMIT NO. Repair

PHONE: Business _____ Home _____

LOCATION Talbert Rd - 1.50 @ TL on Talbert Rd. to 8th house on right (not counting mobile home) S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☑

Auto. Wash. Machine Yes ☐ No ☐

Lot Area Existing

Soil Characteristics P - c / CTRANS

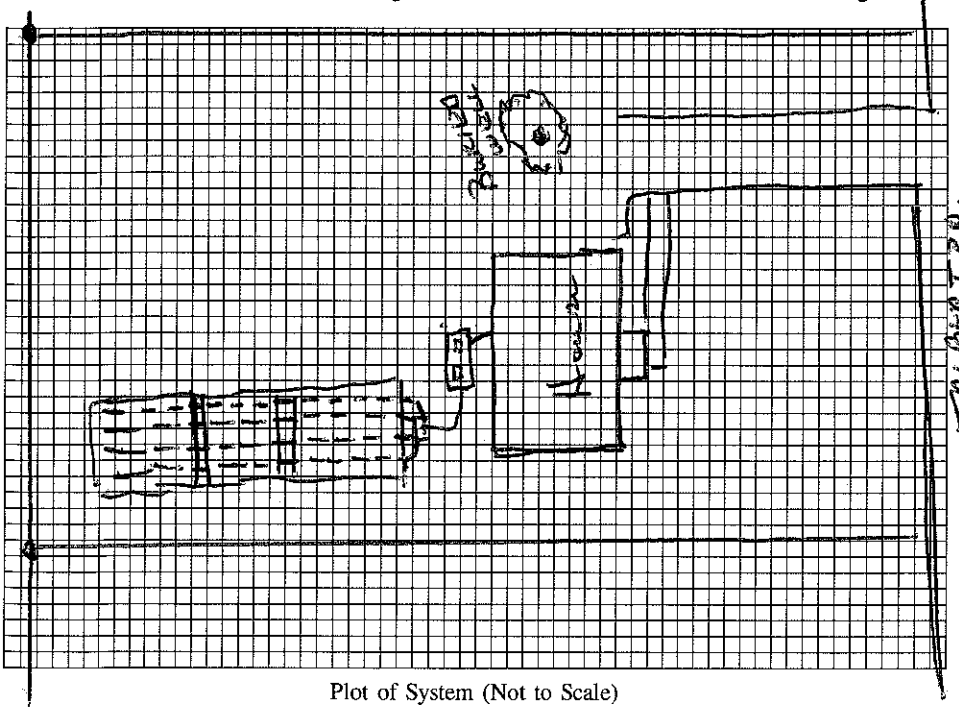
Application Rate P .35 - .30

Topography P -

Depth to Water Table B >48"

Rock or other impervious formations S - None observed

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




Plot of System (Not to Scale)

Size of Tank Existing 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 12'x66' Bed

Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 12-14"

Water Supply: Individual ☑ Buried well

Public ☐

Installed by Nelson Hathcock

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 R.S. DATE 12/16/92

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

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Kermit Bue DATE Sept 29, '92 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W Tl Talbert Rd. 8th house on right (not counting M.H.)

SUBDIVISION NAME _____ S.R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

Ex

House ☑ Mobile Home ☐ Business ☐ Other Repair 2 elderly people living in home

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing

Soil Characteristics _____

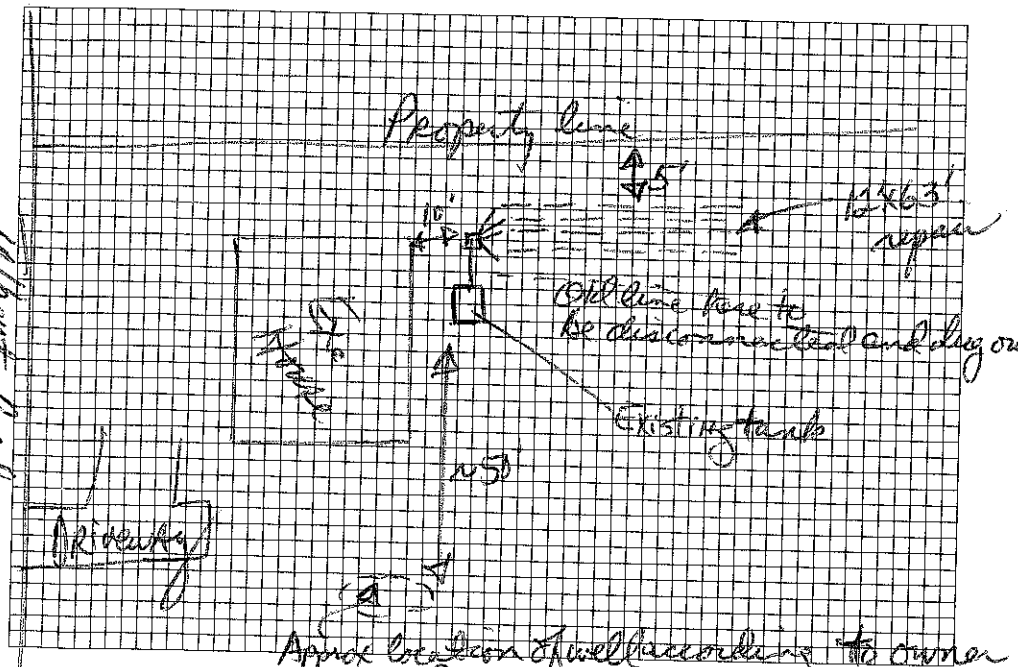
Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ 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 12'x63' bed

Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 12" +

Water Supply: Individual ☑ Exi

Public ☐

Installed by _____

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed Kermit Bue

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

IMPROVEMENT PERMIT BY David R Hamm, RS

COMMENTS Maintain at least 12" natural cover at end of new line. No steps downs. Eliminate gardening over new line.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold