PIN: 4657 37 6931

REPAIR

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MIKE OWSIAN DATE 11/20/92 PERMIT NO. —

PHONE: Business _____ Home 663-0028

LOCATION 21N off 150W, 4th drive on (R) past Lowes
2479 Charlotte Hw S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other ☑ FENCE REPAIR

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing Future Repair

Soil Characteristics P

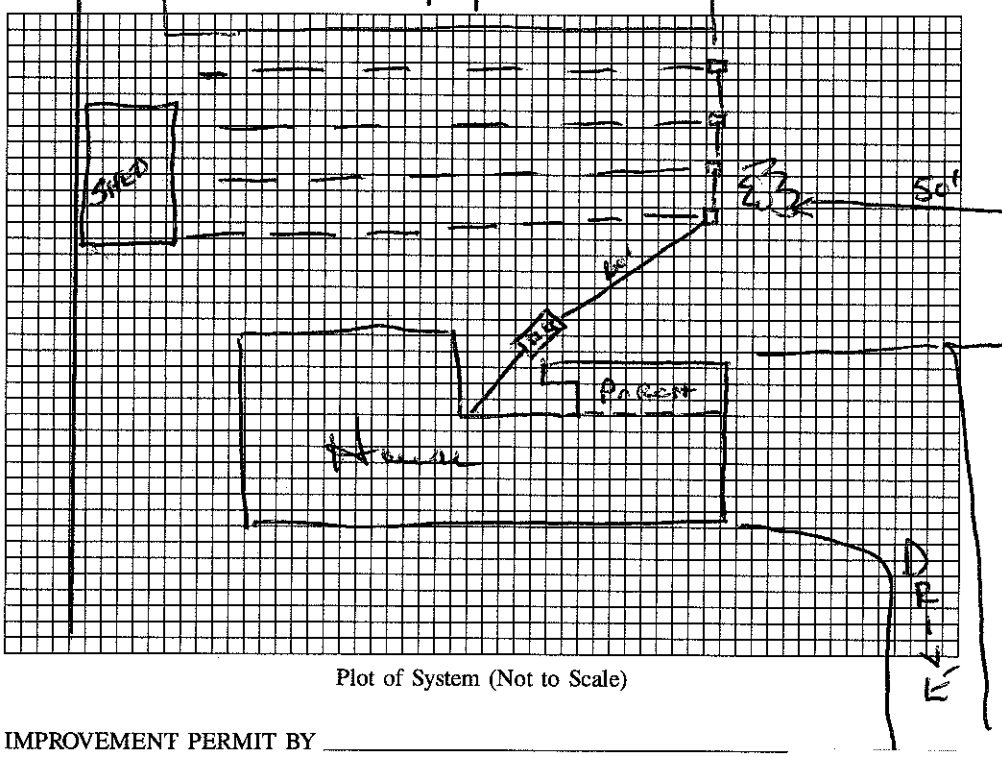
Application Rate P (.3 - .35) S, P, wk structure

Topography P

Depth to Water Table S

Rock or other impervious formations S

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



Plot of System (Not to Scale)

Size of Tank Existing 900 Gals.

Nitrification Field:

No. of Lines 4 @ 50' x 3'

Sq. Ft. 960 Linear Ft. 320

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Tim Simmons

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 _____

The proposed / existing Storage Garage addition does not appear to impact the existing septic system.

**NOTE: _____

Andy Melville R.S.

Date: 6-8-12

ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 11/20/92

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