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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Margaret D. Roberts DATE 11/16/92 PERMIT NO. IR-A-22A

PHONE: Business _____ Home 663-5045

LOCATION Bailey Rd; 215 TR on Bailey Rd., .9 mile on (R) on (R) past to Donald Wheeler S.R. No. _____

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

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area .497 AC.

Soil Characteristics P - SCL / C TRANS

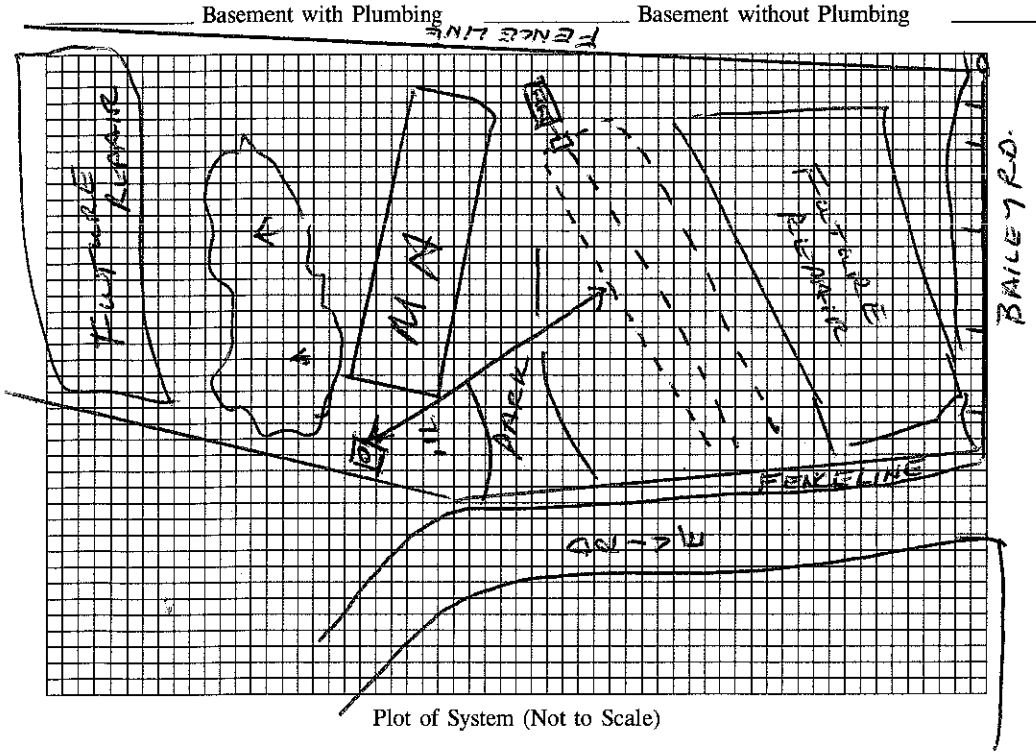
Application Rate P - .375 (wk, SS, P in spots)

Topography P - 2-4%

Depth to Water Table S >48"

Rock or other impervious formations S - None found

_____ 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 3 @ 70' x 3'

Sq. Ft. 630 Linear Ft. 210

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Donald Wheeler

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 11/16/92

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

2⁰⁰ pm

15427

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MARGARET D. ROBERTS DATE 11/6/92 PERMIT NO. IR-A-22A

PHONE: Business ______ Home 663-5045

LOCATION Baily Rd; 215 TR on Baily Rd. , .9 mile on (R)

S.R. No. ______

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

House ☐ Mobile Home ☑ Business ☐ Other ______

No. Bedrooms 2 No. Bathrooms 1 Soil Characteristics P

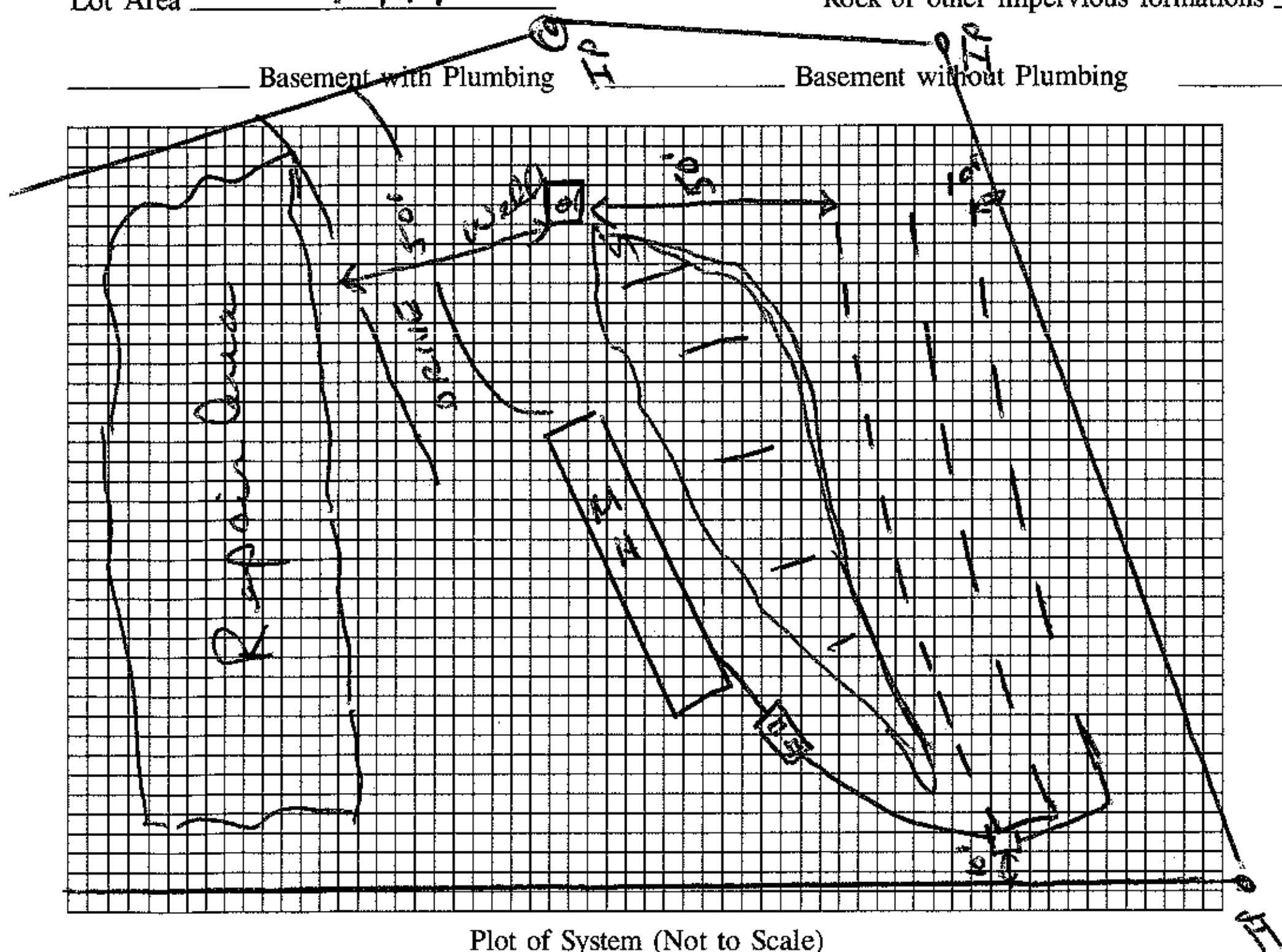
Garbage Disposal Unit Yes ☐ No ☑ Application Rate P

Auto. Dishwasher Yes ☑ No ☐ Topography P

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table P

Lot Area .497 Rock or other impervious formations P

______ 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 3 @ 70' x 3'

Sq. Ft. 630 Linear Ft. 210

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 [signature]

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

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS Trenches shallow - no deeper than 36" to trench bottom. Lines on slope contour in manner shown.

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