4658858291

IREDELL COUNTY HEALTH DEPARTMENT

Repair

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Patsy Wilson DATE 11/12/92 PERMIT NO. —

PHONE: Business _____ Home _____

LOCATION Collins Park - 6th house on (R) Barclay Rd. - 3rd house from end of road S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 1.5 Soil Characteristics Empty

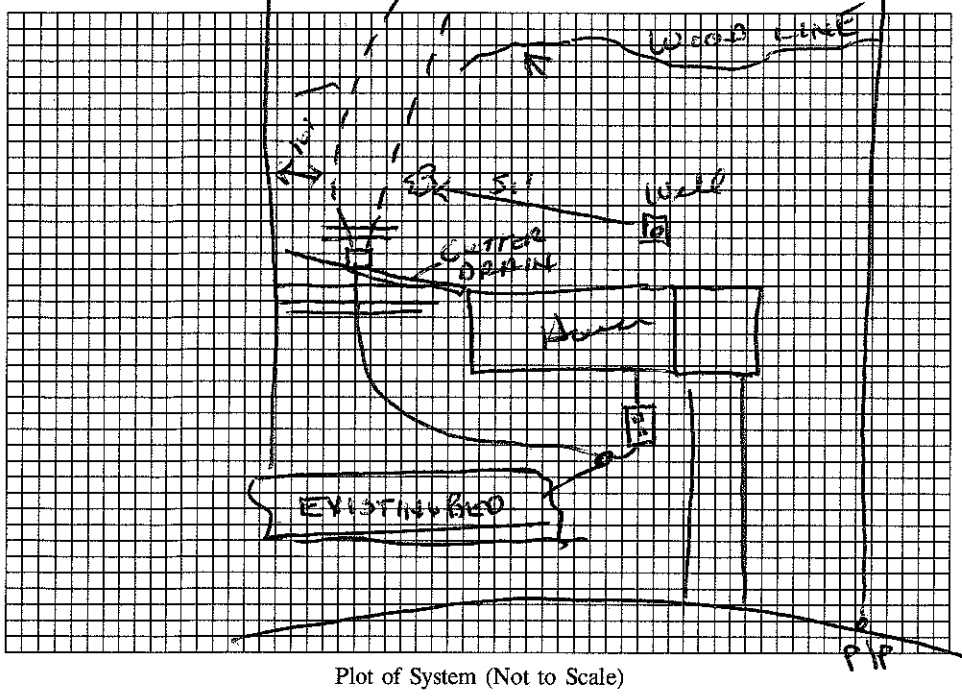
Garbage Disposal Unit Yes ☐ No ☑ Application Rate _____

Auto. Dishwasher Yes ☑ No ☐ Topography _____

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

Lot Area Empty Rock or other impervious formations _____

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



Plot of System (Not to Scale)

Size of Tank Empty 1000 Gals.

Nitrification Field:

No. of Lines 2 (2) 100'x3'

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Tim Summers

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 Plumbing problems in house - Need to correct ASAP - too much water entering Septic Tank.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 11/12/92

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