4659-72-7417

REPAIR

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR DIANE ~~CHALIUS~~ CHALIUS DATE MAY 25, 1990 PERMIT NO. —

PHONE: Business _____ Home _____

LOCATION 115 N TR Shepard Rd, TR Roseland 2ND House on left. 619 ROSELAND S.R. No. _____

SUBDIVISION NAME ROSELAND HEIGHTS LOT NO. 21 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area _____

Soil Characteristics _____

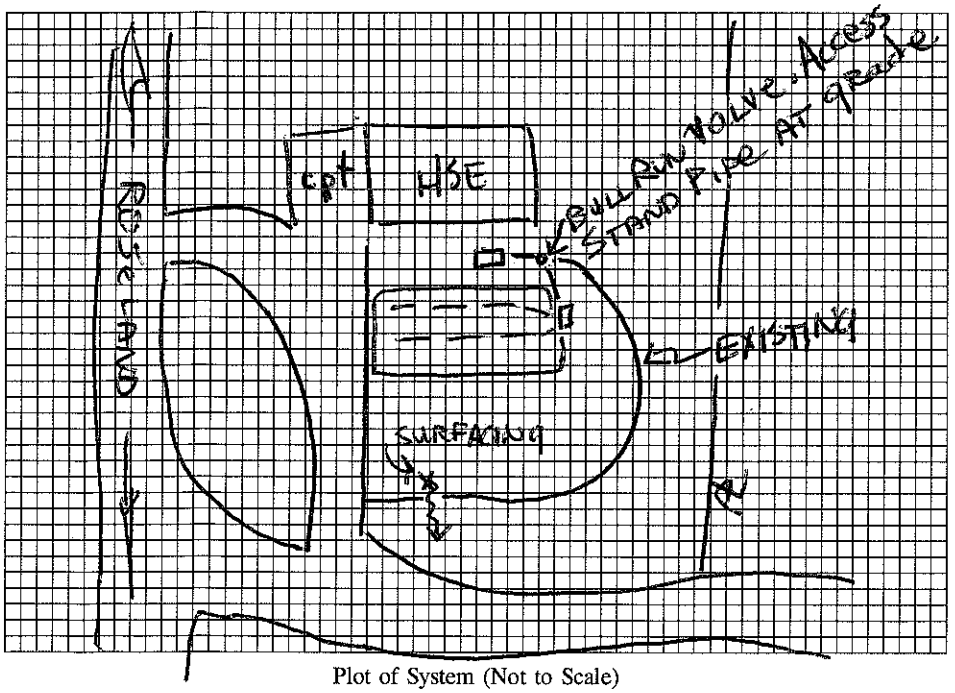
Application Rate _____

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 1 9 x 45

Sq. Ft. 405 Linear Ft. 45'

Depth of Stone in Lines _____

Water Supply: Individual ☐

Public ☑ COMMUNITY WELL

Installed by Larry Beam

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 (Sam Ingram)

COMMENTS 9'x45' Bed w/ 2 lines.

INSTALLED AS 10' x 40' bed, driveway limiting length of bed.

CERTIFICATE OF COMPLETION BY Andrea Lemon EHS DATE 5/27/93

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