REPAIR

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR BILL BREINICH DATE 3/4/93 PERMIT NO. N/A

PHONE: Business _____ Home 663-5059

LOCATION SHEARERS RD, 3RD HOUSE ON (R) PAST ROCKY RIVER RD.

S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 1.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area EXISTING

Soil Characteristics P - C

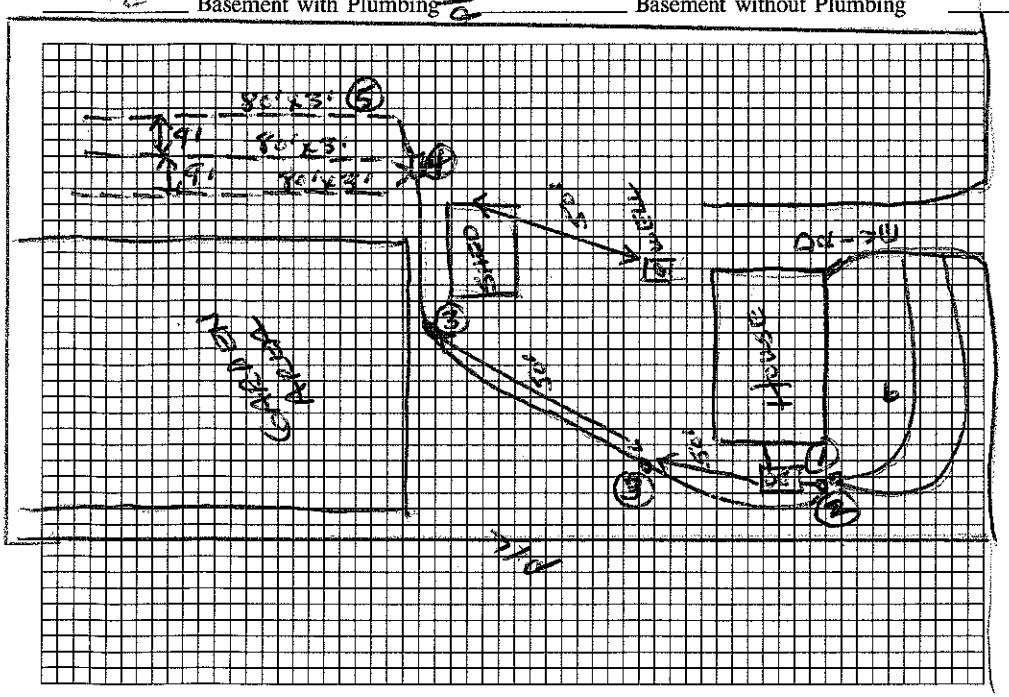
Application Rate P - wk, ss, sp

Topography P 3-5%

Depth to Water Table P

Rock or other impervious formations P - COBBLY STONES

N/A Basement with Plumbing N/A Basement without Plumbing ✓ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3 @ 80' x 3'

Sq. Ft. 720 Linear Ft. 240

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: _____

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

IMPROVEMENT PERMIT BY Wesley Sparks R.S.

COMMENTS (1) NEW 1000 GAL SEPTIC TANK (2) BELL RUN VALVE (3) CLEAN OUT WITH COVER (4) ABST BOX WITH 5 SPEED LEVELERS (5) 240' 3' WIDE CONVENTIONAL DRAINFIELD (6) RECONNECT EXISTING DRAINFIELD INSTALL TRENCHES ON CONTOUR NO DEEPER THAN 36" TO TRENCH BOTTOM.

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