15588

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Gene Hubbard DATE Dec 31, '92 PERMIT NO. 1E4A-61

PHONE: Business _____ Home _____

LOCATION 1125 S. TL Springtime Lane TL Mill Pond Lane on left near end S.R. No. _____

SUBDIVISION NAME Timberview LOT NO. 61 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 20,000 ft² +

Soil Characteristics ps clay

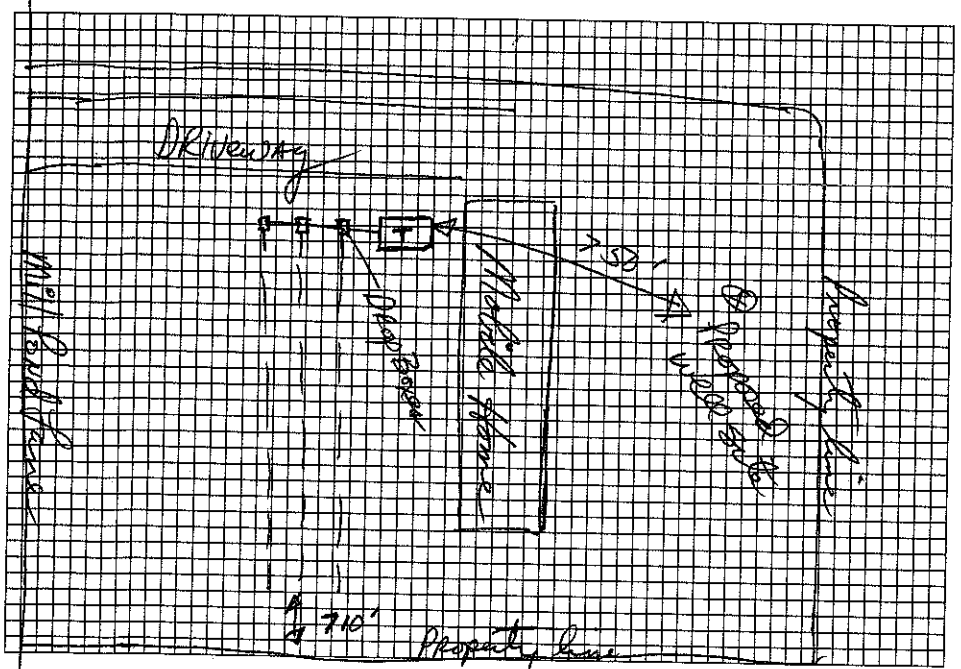
Application Rate 1.3

Topography 2 6 %

Depth to Water Table > 41

Rock or other impervious formations NONE OBS

_____ 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

Sq. Ft. 810 Linear Ft. 270

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Walter Barton

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 AWS.

COMMENTS Well not installed as of 12/31/92 DRH

CERTIFICATE OF COMPLETION BY DR Hinson, RS DATE 12/31/92

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