REPAIR

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Phillip Clodfelter DATE 11/19/92 PERMIT NO. ———

PHONE: Business _____ Home _____

LOCATION 11255, 4th house on ® past Clodfelter Rd.

S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~~ACREAGE~~ 100'x 31'

Soil Characteristics P

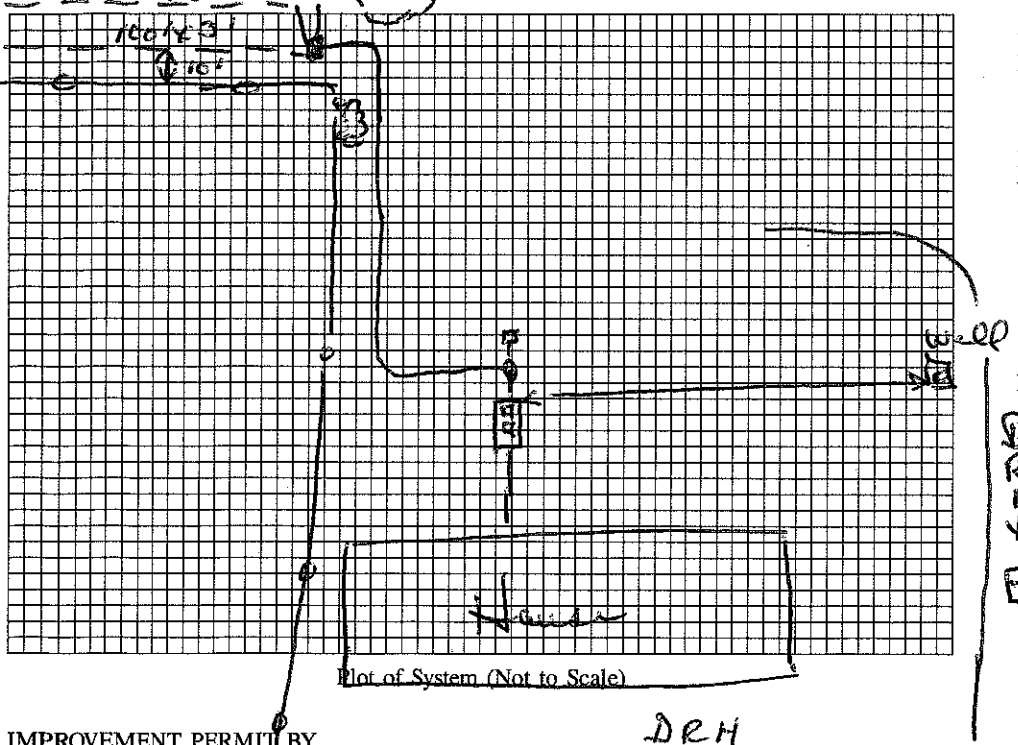
Application Rate P - .35

Topography P

Depth to Water Table 3

Rock or other impervious formations 3

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



Size of Tank EXISTING 1000 Gals.

Nitrification Field:

No. of Lines 3 @ 100'x 3'

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑

Public ☐

Installed by Julian Bowles

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 DRH

COMMENTS 4/7/93 Met J. Bowles, water coming up is from washing machine into old "pit" which is below the repair system. Advs.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 11/19/92

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