4668 70 4893

REPAIR **IREDELL COUNTY HEALTH DEPARTMENT**

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR George Brawley DATE 11/4/92 PERMIT NO. —

PHONE: Business _____ Home _____

LOCATION 801 N - TR ON 150E, 1ST HOUSE ON (R) PAST STORE ON CORNER S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other REPAIR

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area EXISTING

Soil Characteristics P

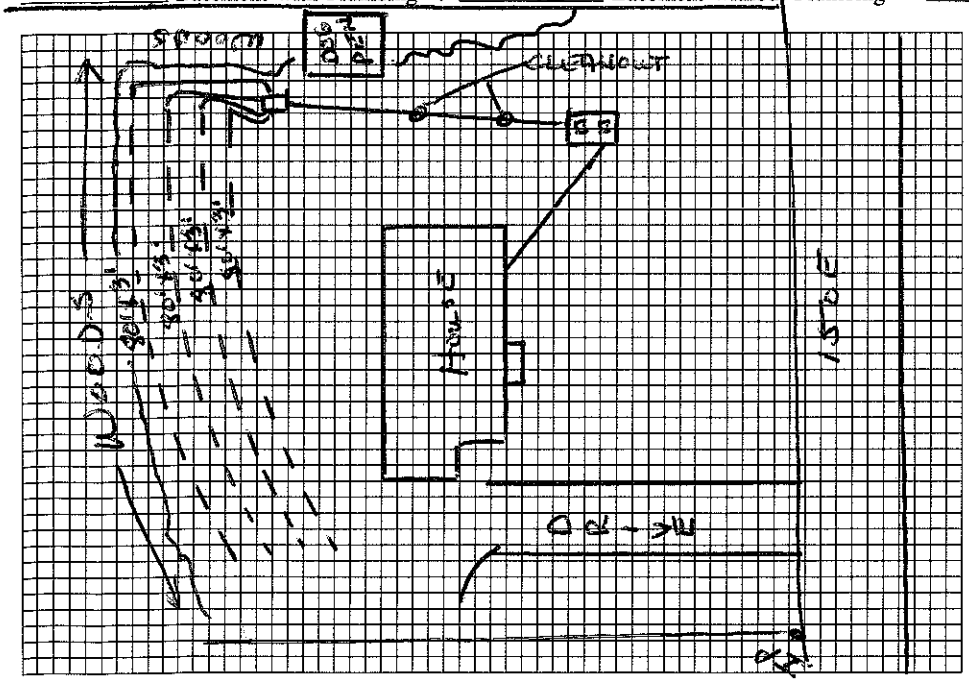
Application Rate P

Topography P

Depth to Water Table P

Rock or other impervious formations P

_____ Basement with Plumbing 2ND FLOOR Basement without Plumbing _____ No Basement _____ Crawl Space ✓



Plot of System (Not to Scale)

Size of Tank EXISTING 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 80' x 3'

Sq. Ft. _____ Linear Ft. 320

Depth of Stone in Lines 12"

Water Supply: Individual ☑ HOUSE NEXT DOOR

Public ☐

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 AWS.

COMMENTS Change plumbing put washing machine line into plumbing under house.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 11/9/92

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

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR George Brawley DATE 10/22/92 PERMIT NO. ———

PHONE: Business ——— Home ———

LOCATION 80 I N - TRAN 150 E, 1ST HOUSE ON (R) PAST STORE ON THE CORNER S.R. No. ———

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

House ☑ Mobile Home ☐ Business ☐ Other Repair

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area EXISTING

Soil Characteristics P

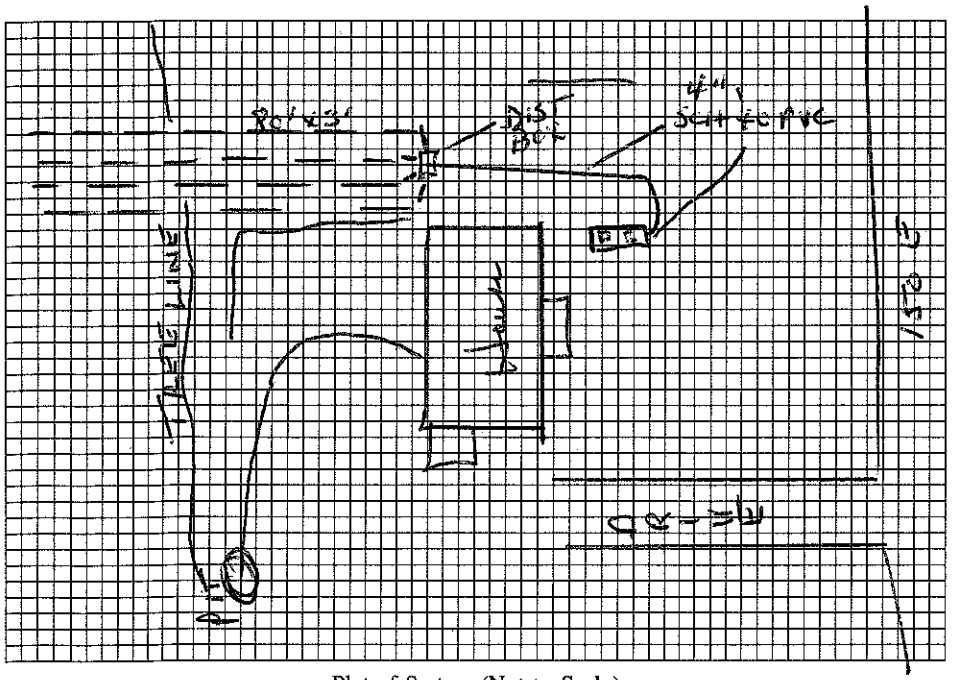
Application Rate P

Topography P

Depth to Water Table P

Rock or other impervious formations P

——— 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 4 @ 80' x 3'

Sq. Ft. ——— Linear Ft. 320

Depth of Stone in Lines 12"

Water Supply: Individual ☑ HOUSE NEXT DOOR

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 RS

COMMENTS Check Sanitary T and replace if necessary. Trenches shallow as possible - 36" preferable - Backyard full of old repairs - Straight course offers best amount of problems

CERTIFICATE OF COMPLETION BY ——— DATE ———

EXISTING SYSTEM CHECKED BY ——— DATE ———

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

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