1543 | PIN# 4676-11-5375

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Roger Gibbs DATE Feb. 10, '93 PERMIT NO. 1F8A6

PHONE: Business ______ Home ______

LOCATION 136 S. TL on paved street just before Williford Rd. on left

SUBDIVISION NAME Burl Acres S.R. No. ______

LOT NO. 6 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 1.29 AC.

Soil Characteristics PS clay thins.

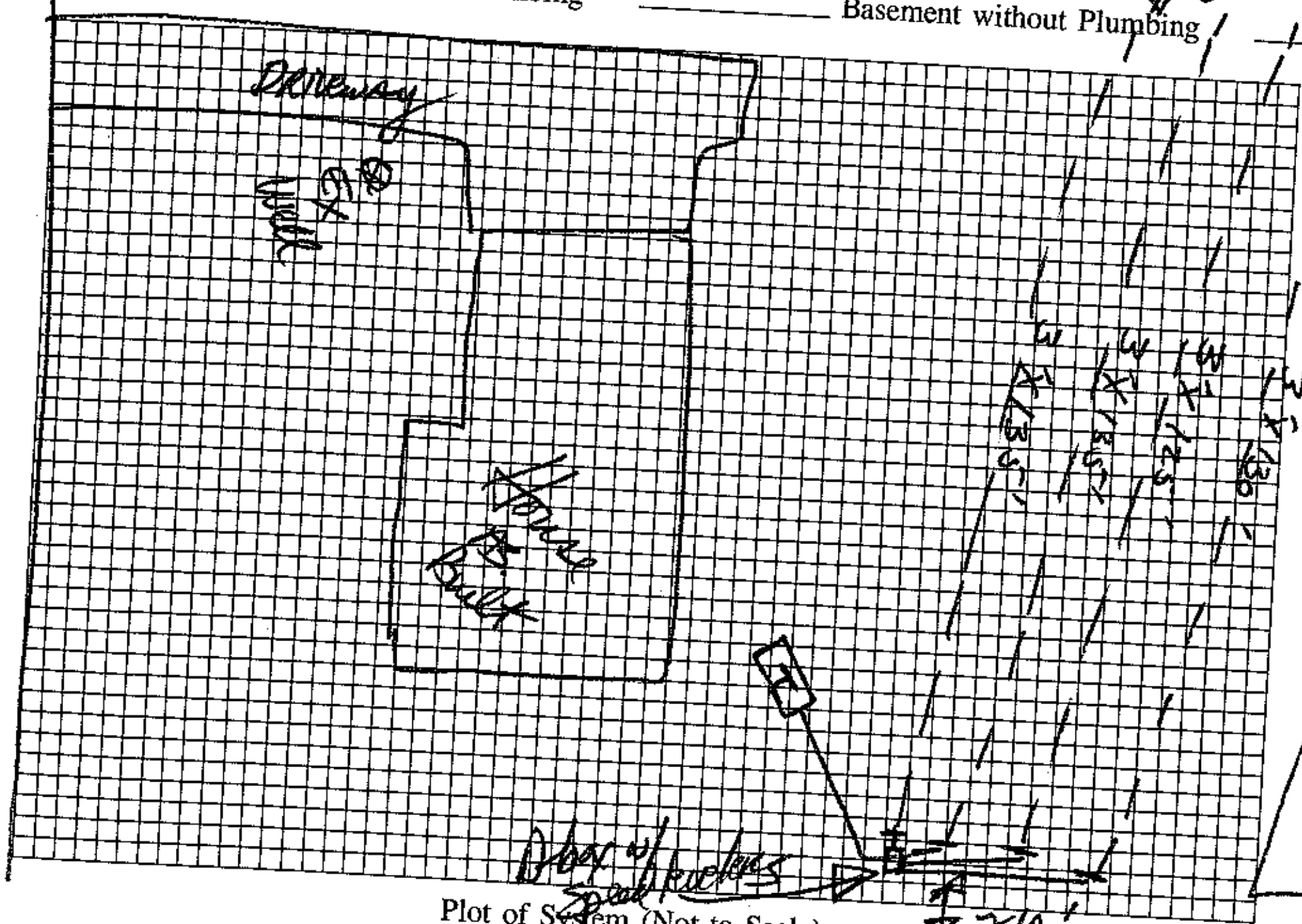
Application Rate .2-.25

Topography ~4%

Depth to Water Table >4'

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 4

Sq. Ft. 1575 Linear Ft. 525

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Gully - filled in

Installed by Dobson

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: Roger ~~Dobson~~ Area Pavel

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

IMPROVEMENT PERMIT BY DLH

COMMENTS ______

CERTIFICATE OF COMPLETION BY D.L. Hinson, RS

EXISTING SYSTEM CHECKED BY ______ DATE 2/10/93

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