9:45-10:00

15413

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Roger Gibbs DATE Feb 5, '93

PHONE: Business ______ Home ______ PERMIT NO. 1F8A6

LOCATION 136 S. TR on paved street just before junction with Williford Road on left ~300' before end

SUBDIVISION NAME Burl Acres S.R. No. ______

LOT NO. 6 SECTION OR BLOCK NO. ______

House ☑ Mobile Home ☐ Business ☐ Other relayout

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 Reevaluated by backhoe pits clay / transition

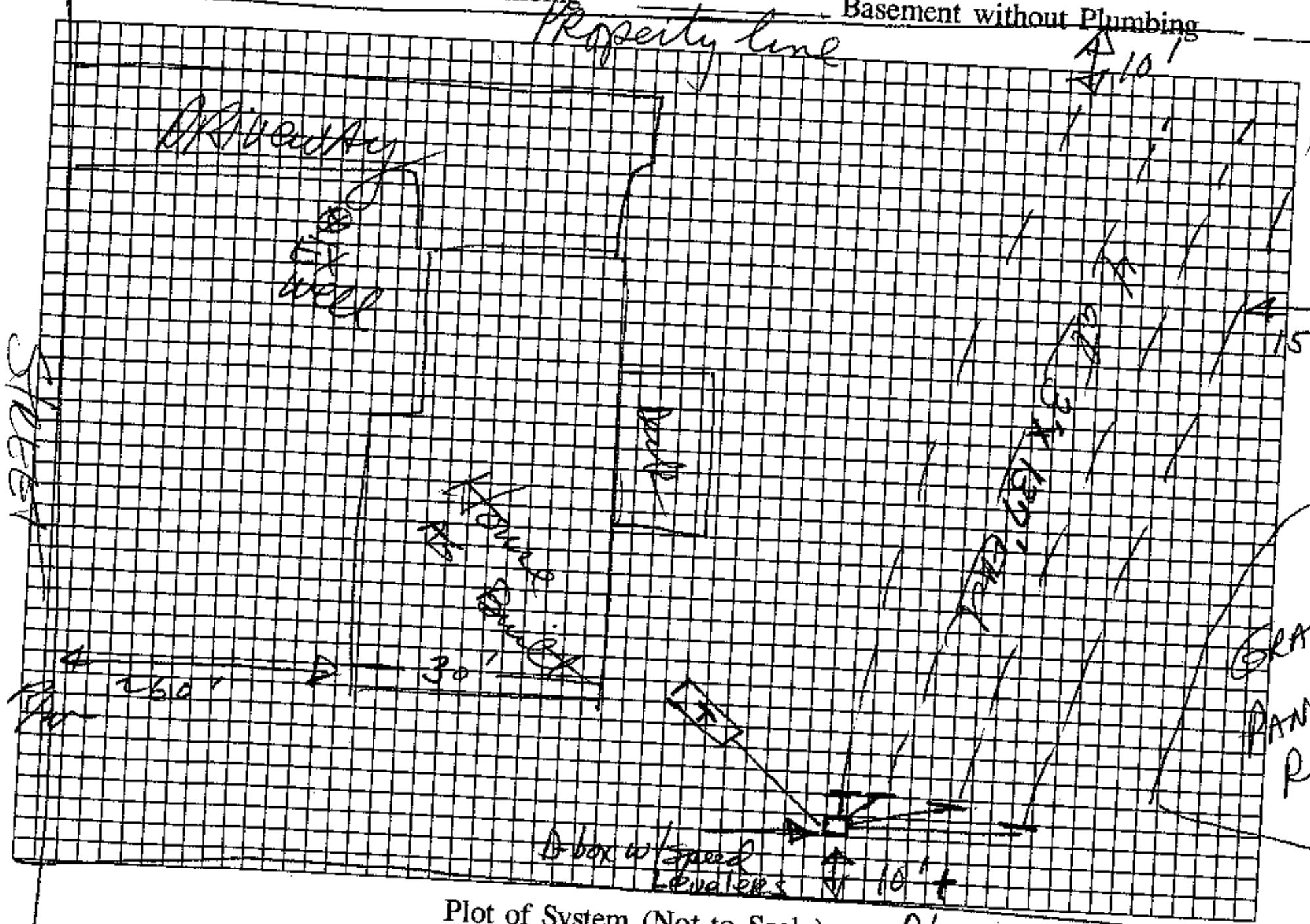
Application Rate .2-.25

Topography ~4%

Depth to Water Table 74'

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. 1650 Linear Ft. 550

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Filled in gully

Installed by ______

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

Signed: X Roger D. Gibbs

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

IMPROVEMENT PERMIT BY David B. Hinson, RS.

COMMENTS Divert surface water drainage around septic system area.

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