4679079697

Repair

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Jim Angelley DATE 4/30/93 PERMIT NO. Repair

PHONE: Business _____ Home 663-4819

LOCATION Triplett Rd., approx 2 miles from 801 N on (L)

S.R. No. _____

SUBDIVISION NAME N/A LOT NO. _____ SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher 90'x30' Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing 90' x 30'

Soil Characteristics Existing System

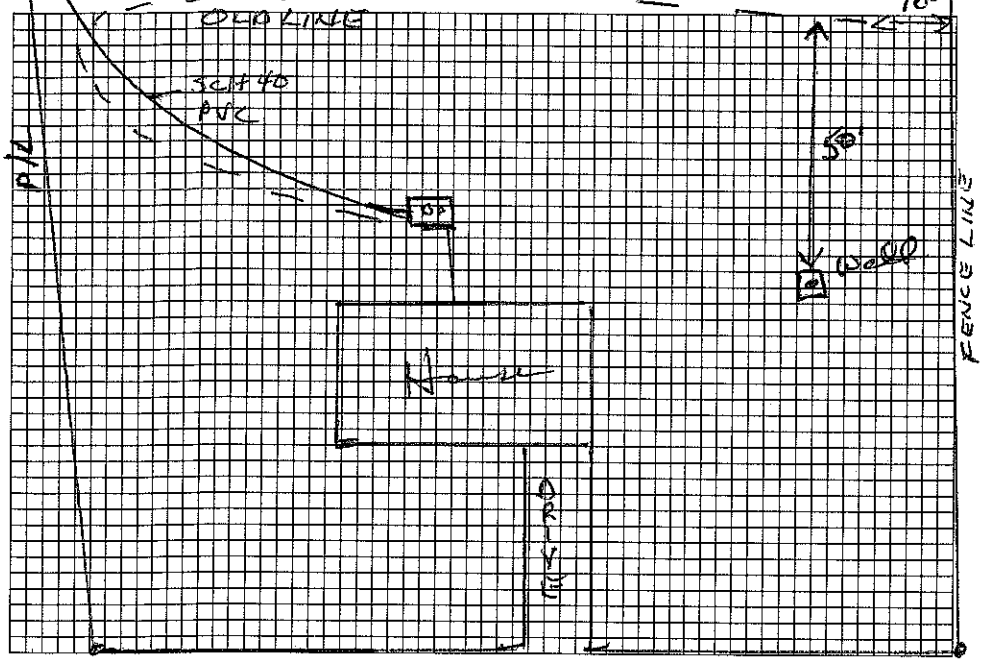
Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing 90'x30' _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale) TRIPLETT RD.

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3 @ 90' x 3'

Sq. Ft. 710 Linear Ft. 270

Depth of Stone in Lines 12"

Water Supply: Individual ☑ 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 Keep trenches 50' from well - Trench depth no more than 36" to trench bottom.

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