4684 16 41 46

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Connie Mull DATE 3/20/92 PERMIT NO. Repair

PHONE: Business _____ Home _____

LOCATION Rustic Rd, on (R) near end of road - cream with dk. brown trim

S.R. No. _____

SUBDIVISION NAME N/A LOT NO. N/A 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 Existing

Soil Characteristics P - c (s - p)

Application Rate .3

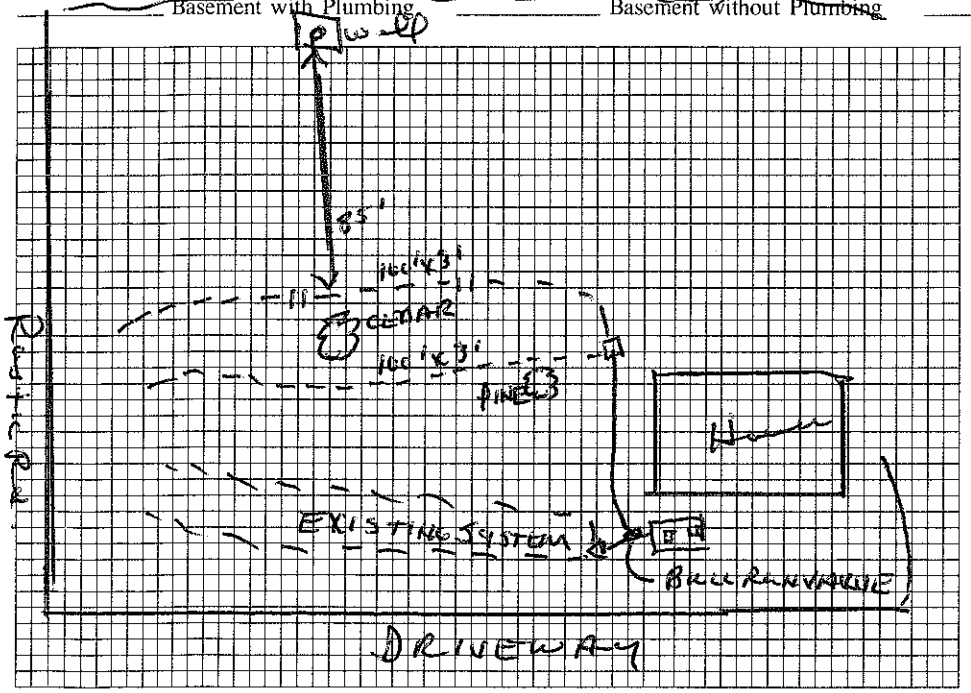
Topography 2-4%

Depth to Water Table >48"

Rock or other impervious formations None encountered

WOOD LINE (P/L)

_____ 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 2 @ 100'x3'

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12-14"

Water Supply: Individual ☑ Public ☐

Installed by McMichael Environmental

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 P/L

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 3/20/92

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

103c – 11c

IREDELL COUNTY HEALTH DEPARTMENT

AWS 2/27/92

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

CONNIE MULL
OWNER OR CONTRACTOR ~~Lloyd Home Realty~~ DATE Oct 22, '91 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 136 S. (Coddle Crk. Rd.) TR 1143 (Patterson Farm Rd.)
TR Rustic Rd. near end on Right S. R. No. _____

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

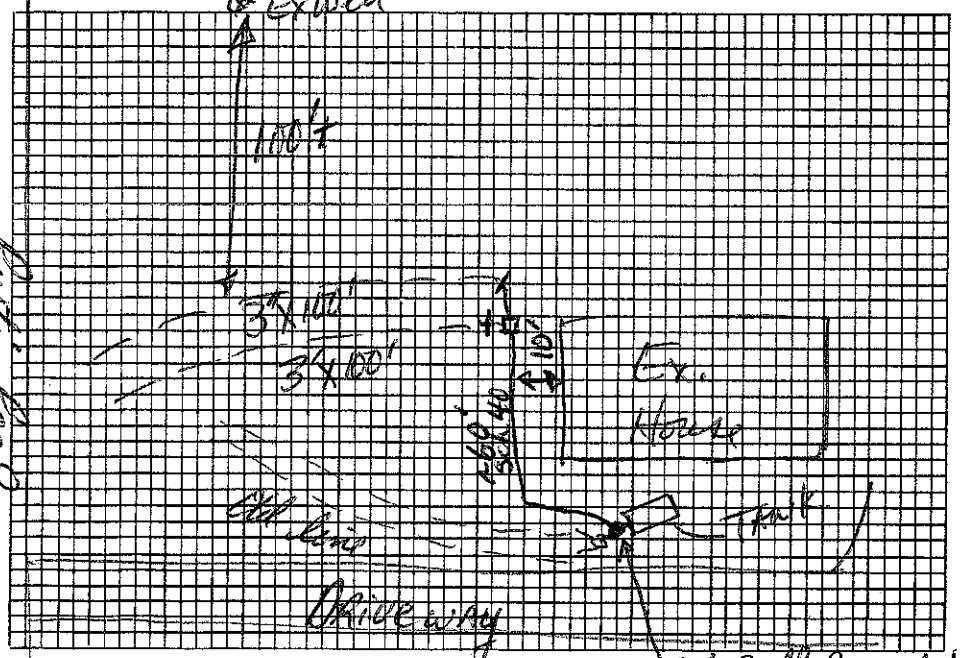
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 2-3 No. Bathrooms 1-2

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes ( )	No ( )	Topography	
Site Suitable	Yes ( )	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area 1 Ac+

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Set Bull Run Valve here

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: ~~X~~ [signature]

IMPROVEMENTS PERMIT BY Jack R. Hinson, RS

COMMENTS: Follow contours. 36" max. trench bottom depth

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 false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold