REPAIR

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR EVERETTE & LILLY CAMPBELL DATE 5/27/93 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 90W, TR LITTLE FARM ROAD, TL 1ST CEDAR RIDGE ENTRANCE, 1ST S/W MH ON (R) S.R. No. _____

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

House ☐ Mobile Home ☑ S/W Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area AMPLE

Soil Characteristics PS

Application Rate 0.40 GPD/FT²

Topography 2-4% LINEAR

Depth to Water Table >4

Rock or other impervious formations NONE

Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space

TP 2/18/93

Size of Tank 1000 Gals.

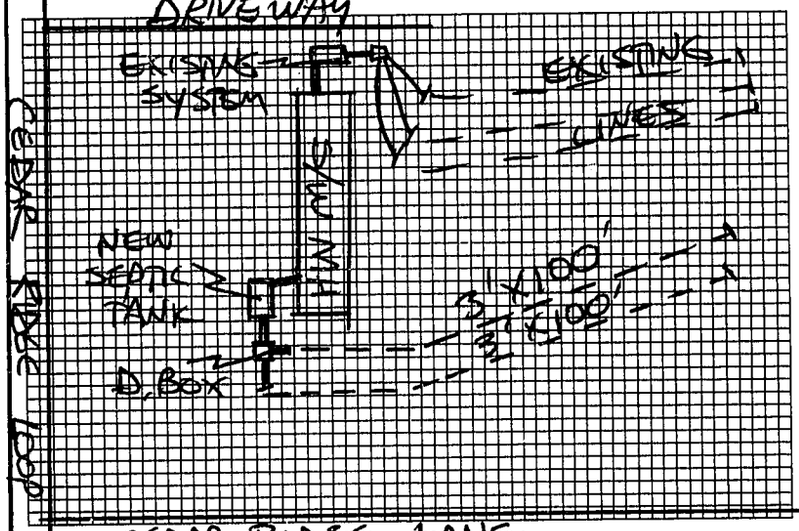
Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 900

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑



Installed by TOMMY CAMPBELL

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.)

CEDAR RIDGE (Name of System (Name of Street))

IMPROVEMENT PERMIT BY STEVE HENDRICK

COMMENTS NEW SYSTEM INSPALCED AS SHOWN.

CERTIFICATE OF COMPLETION BY STEVE HENDRICK DATE 5/27/93

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

LITTLE FARM ROAD