38289

12004.

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR TRI-SOUTH CONST. DATE 8-6-92. PERMIT NO. 35-3-C-19.

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd. west approx. ½ mi. past Kyles Xing - T.L. on Peppy Lane - go around curve & stay straight - lot on left - 2nd end. S.R. No. _____

SUBDIVISION NAME TIMBERBROOK DEV. LOT NO. 19. SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ 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 Prop. Suitable.

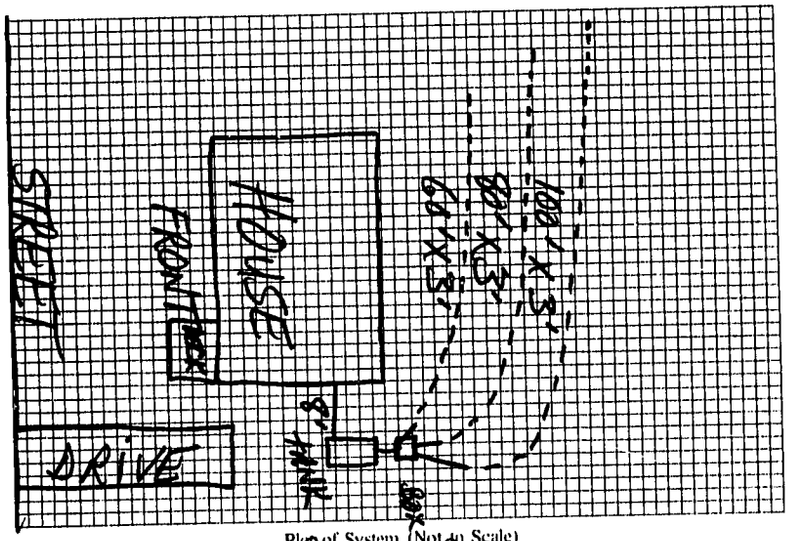
Application Rate .4 gal./sq. ft.

Topography 2 10% 18%

Depth to Water Table _____

Rock or other impervious formations None observed.

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




Plan of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by Forest Shuford

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 Steve Brown

COMMENTS _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 8-6-92.

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