42210

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14022
OWNER OR CONTRACTOR Ricky & Shelby Bustle DATE 5/14/92 PERMIT NO. 92-13-A-H

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR MONTICELLO DRIVE, TL MILLER FARM RD, TL BEECHBROOK LN, LOT ON (R) ~ 1/4 MILE S.R. No. _____

SUBDIVISION NAME PINEY OAKS S/D LOT NO. 11 SECTION OR BLOCK NO. _____

House ✓ Mobile Home [ ] Business [ ] Other FILL DIRT AREA

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics PS

Garbage Disposal Unit Yes [ ] No [ ] Application Rate 0.35 GPD / FT2

Auto. Dishwasher Yes [✓] No [ ] Topography 2-4% LS

Auto. Wash. Machine Yes [✓] No [ ] Depth to Water Table 54"

Lot Area _____ Rock or other impervious formations NONE

100% REPAIR AREA

U.S.-1

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

TP 4/1/92

Size of Tank 1000 Gals.

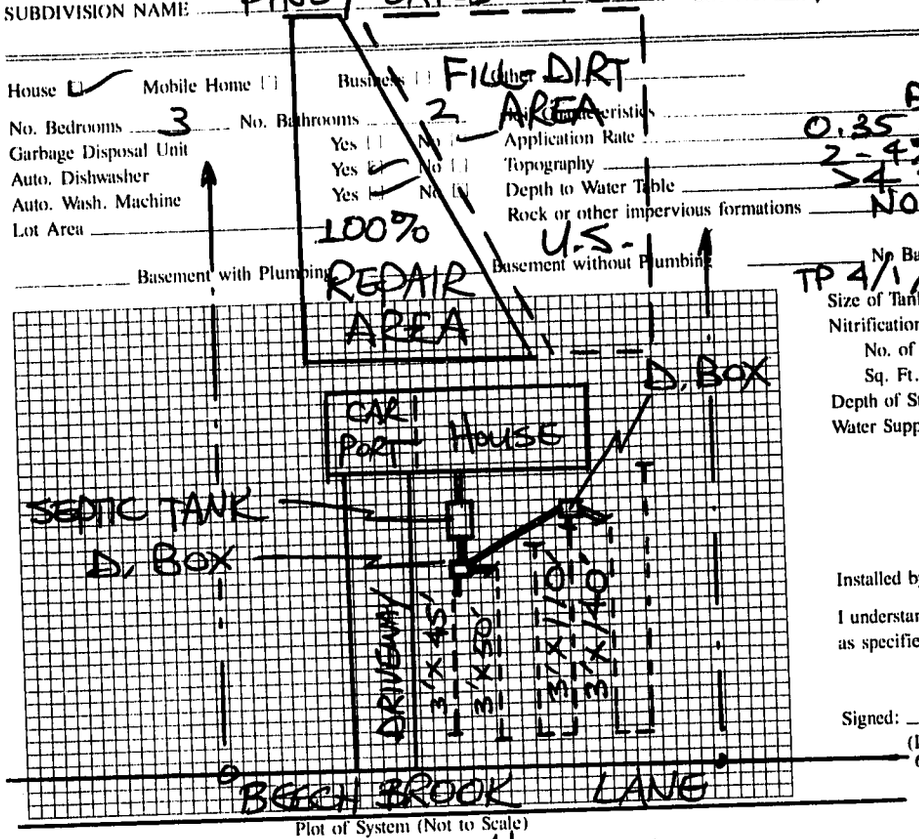
Nitrification Field: 2 D. BOXES

No. of Lines 4

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual [ ] Public [✓]



Plot of System (Not to Scale)

Installed by HARRY READ

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 HEDRICK

COMMENTS REPAIR AREA IS 100% CONVENTIONAL - IN BACK OF HOUSE ABOVE FILL DIRT AREA.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 5/19/92

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