IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

REPAIR

OWNER OR CONTRACTOR CHUCK & KATHY ROBERTSON DATE 10/29/92 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR MONTICELLO DRIVE, TR TIMBERLANE DRIVE, 11TH HOUSE ON (L) AT BOX # 3512 S.R. No. _____

SUBDIVISION NAME TIMBERLANE ~~LOT~~ BOX NO. 3512 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 AMPLE

Soil Characteristics EXISTING

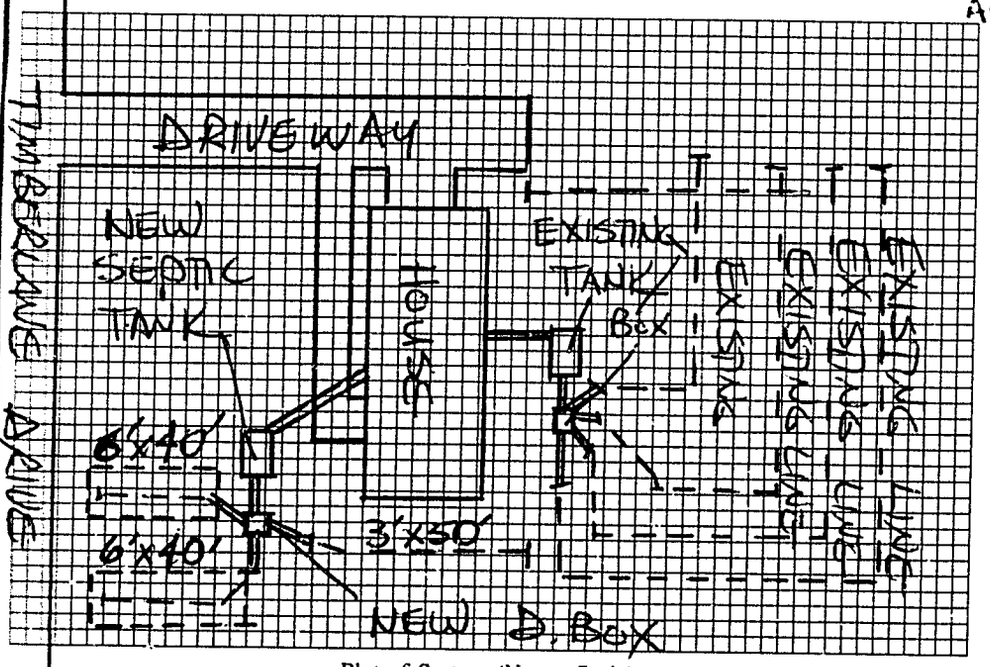
Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

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



Plot of System (Not to Scale)

ACP 9/30/92

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3 ~~130~~

Sq. Ft. 630 Linear Ft. ~~210~~

Depth of Stone in Lines 15" +

Water Supply: Individual ☐ Public ☑

Installed by A-1 BACKHOE

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 (1) NEW SEPTIC TANK & D. BOX INSTALLED AT LOCATION SHOWN (2) 1-3'x50' TRENCH & 2-6'x40' BEDS INSTALLED AT LOCATIONS SHOWN (3) ALL BATHROOM PLUMBING GOES INTO NEW SYSTEM - ALL WASH/KITCHEN PLUMBING REMAINS IN EXISTING.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

mit 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 mation is supplied toward securing Improvement Permit.

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