REPAIR

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Tommy Otey DATE 4/29/93 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 115N, TR WINDY HILL ROAD, TL CULPEPPER ROAD, 3RD HOUSE on (R) BOX # 374

SUBDIVISION NAME WINDY HILL ACRES LOT NO. 22 SECTION OR BLOCK NO. _____ S.R. No. 1962

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 PS

Application Rate _____

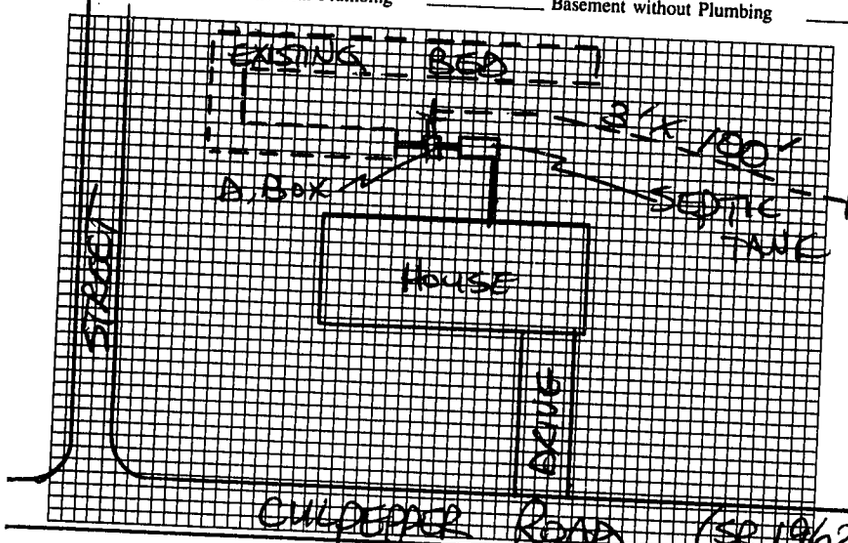
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

EXISTING

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



Plot of System (Not to Scale)

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 300 Linear Ft. 100

Depth of Stone in Lines 20"

Water Supply: Individual ☐ Public ☑

Installed by JAMES HUNTER

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) TANK WAS PUMPED OUT (2) NEW SANITARY 'TEE' INSTALLED (3) NEW D. BOX INSTALLED, (4) LINE IS 3'x100' w/ 20"+ STONE

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 4/29/93

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