Repair

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Ted Templeton DATE 12/9/92 PERMIT NO. N/A

PHONE: Business _____ Home N/A

LOCATION ALLISON ACRES / STATE PARK RD TL LOCKHARD CIR., TL ARBORWAY Box #259 / 1st on (R) S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other REPAIR

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area _____

Soil Characteristics S-C-SS,

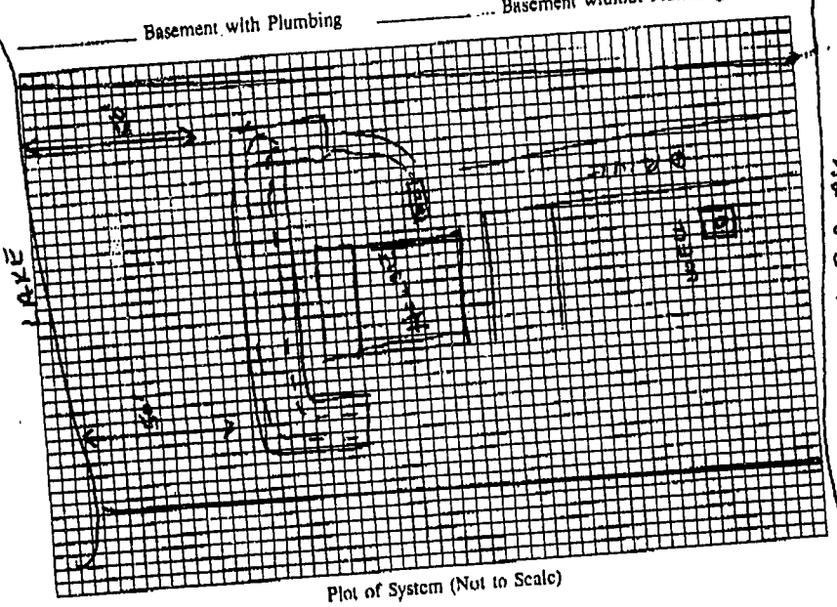
Application Rate P-(.25-.3)(SS,SP,)

Topography P-3-5% SLOPING

Depth to Water Table 5 > 48"

Rock or other impervious formations 5 - NONE ENCOUNTERED

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



Plot of System (Not to Scale)

Size of Tank EXISTING 900-1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 660 Linear Ft. 220

Depth of Stone in Lines 12-14"

Water Supply: Individual ☑ Public ☐

Installed by AAA Septic Svcs.

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 _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS DATE 12/9/92

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