IREDELL COUNTY HEALTH DEPARTMENT

REPAIR IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR JOHN OTONE, JR DATE 1/4/93 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 115 N TR S. CHIPLEY FORD ROAD, TL CROSSWHITE DRIVE, TL HEMINGWAY DRIVE, 1ST (H) ON (R) AT BOX ~~#~~ 34 SHR. NO. _____

SUBDIVISION NAME CHIPLEY PARK LOT NO. 34 SECTION OR BLOCK NO. _____

CROSSWHITE ROAD

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 LIMITED

Soil Characteristics _____

Application Rate _____

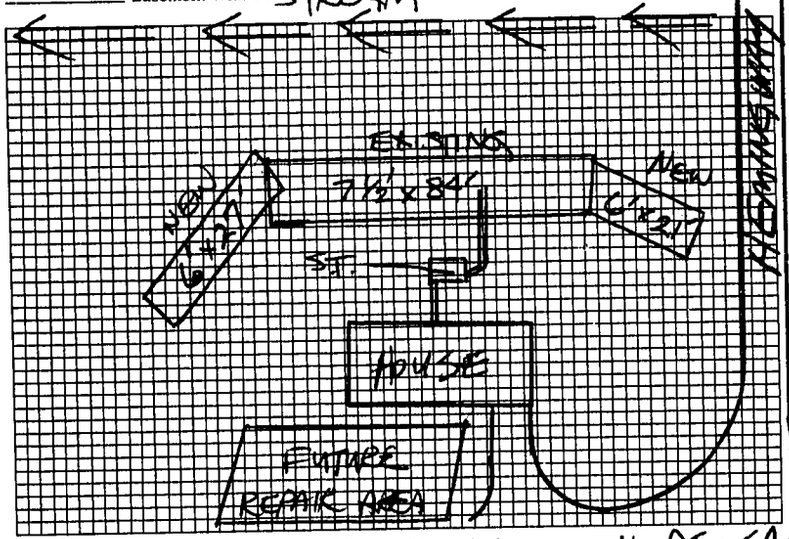
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

EXISTING

_____ Basement with Plumbing ~~STREAM~~ _____ Basement without Plumbing



Plot of System (Not to Scale) CUL-DE-SAC

_____ No Basement ✓ Crawl Space

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 288 Linear Ft. 48

Depth of Stone in Lines 18"

Water Supply: Individual ☐ Public ☑

Installed by J.C's 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 GUTTER DRAINS TO BE PIPED BEYOND SYSTEM BY 1/31/93

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 1/4/93

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