IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

REPAIR

OWNER OR CONTRACTOR Ross FREEZE DATE 4/20/92 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC115 N, TR S. CHIPLEY FORD ROAD, TL CROSSWHITE LANE, TL ROSEMAN LN 3RD HOUSE ON (R) S.R. No. _____

SUBDIVISION NAME CHIPLEY PARK LOT NO. _____ 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 _____

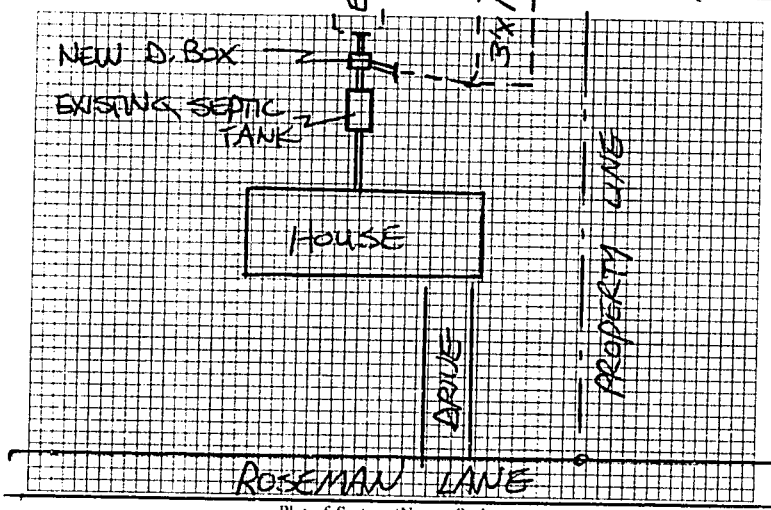
Application Rate _____

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. 450 Linear Ft. 150

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ✓

Installed by _____

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: Ron A. Tracy Jr.

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY STEVE HEDRICK

COMMENTS ① CHECK EXISTING S.T. FOR INTEGRITY & PUMP OUT IF NECESSARY, ② INSTALL SANITARY 'TEE' IN S.T. IF NECESSARY, ③ INSTALL NEW D. BOX AT LOCATION SHOWN, ④ INSTALL NEW 3'x150' NITRIFICATION LINE AS SHOWN.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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