Waltraud Lanier 45572

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14558

OWNER OR CONTRACTOR WARREN HILKERT DATE 3/3/93 PERMIT NO. 10F1-D-38

PHONE: Business _____ Home _____

LOCATION NC 115 N, TR S. CHIPLEY FORD ROAD, TL CROSSWHITE LANE, TR ROSEMAN LANE, 4TH LOT ON (R) _____ S.R. No. _____

SUBDIVISION NAME CHIPLEY PARK LOT NO. 201-205 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 200' x 117'

Soil Characteristics PS

Application Rate 0.35 GPD/FT²

Topography 2-4% HS

Depth to Water Table >4'

Rock or other impervious formations NONE

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

Size of Tank 1000 Gals. (TP 10/23/92)

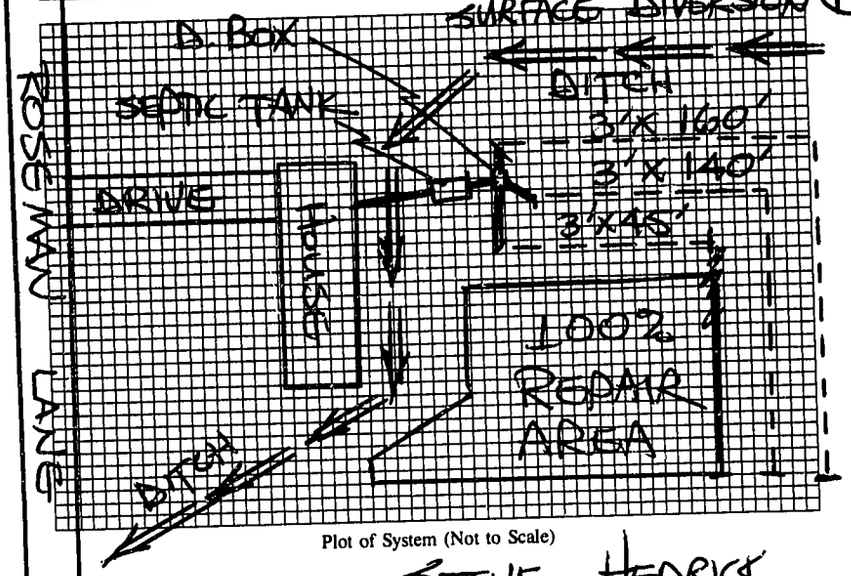
Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑



Plot of System (Not to Scale)

Installed by TOMMY FRYE

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 HEARICK

COMMENTS REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 3/3/93

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