IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Michael Setzer DATE 3-12-93 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N TR Chipley Ford Rd before Summers Rd on Rt. S.R. No. _____

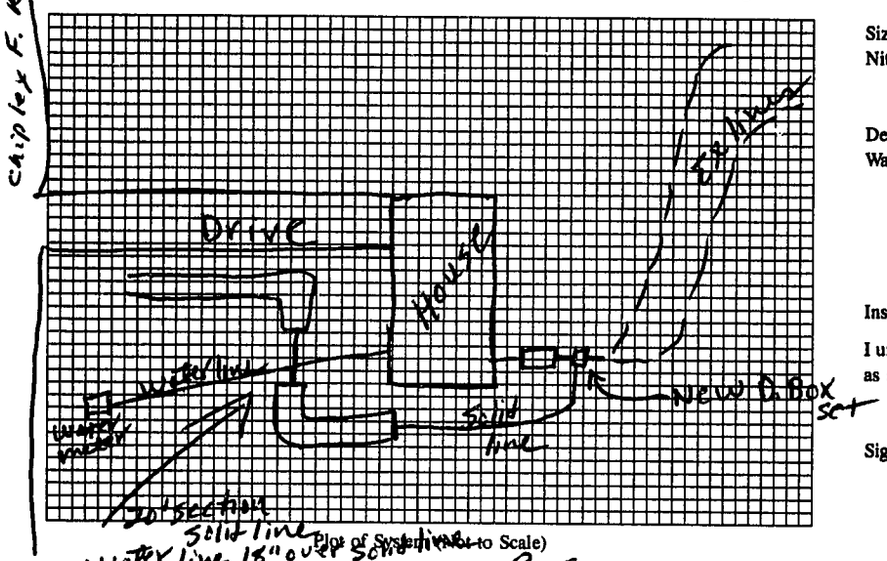
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other Repair

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ☐ No ☐
Auto. Dishwasher Yes ☐ No ☐
Auto. Wash. Machine Yes ☐ No ☐
Lot Area _____

Soil Characteristics Clayey
Application Rate .4
Topography 2+06%
Depth to Water Table 10 ft
Rock or other impervious formations none

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



(Plot of System not to Scale)

Size of Tank EX Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12 in
Water Supply: Individual ☐
Public ☑

Installed by AAA Enterprises Barry Simmon

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 L. C. Moore

COMMENTS overall Ditch 6'x100' 2 lines

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 3-12-93

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