REPAIR

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

JOEY RENEGAR PROPERTY 13G-1A-1

OWNER OR CONTRACTOR EDWIN HUNTER / HUNTER [illegible] DATE 5/18/93 PERMIT NO. REPAIR

PHONE: Business ________ Home ________

LOCATION US 21 N, TL JENNINGS ROAD, TL FRIENDSHIP ROAD, LOG CABIN ON (L) ~0.25 MILE S.R. No. 1896

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

House ☑ Mobile Home ☐ Business ☐ Other ________

No. Bedrooms 5 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 100' x 200'

Soil Characteristics PS

Application Rate 0.40 GPD / FT²

Topography 10-15% LINEAR

Depth to Water Table >4'

Rock or other impervious formations SCATTERED SURFACE ROCK

________ Basement with Plumbing ________ Basement without Plumbing ________ No Basement ________ Crawl Space

ACP 4/12/93 NEW 440

Size of Tank EXISTING 1000 Gals.

Nitrification Field:

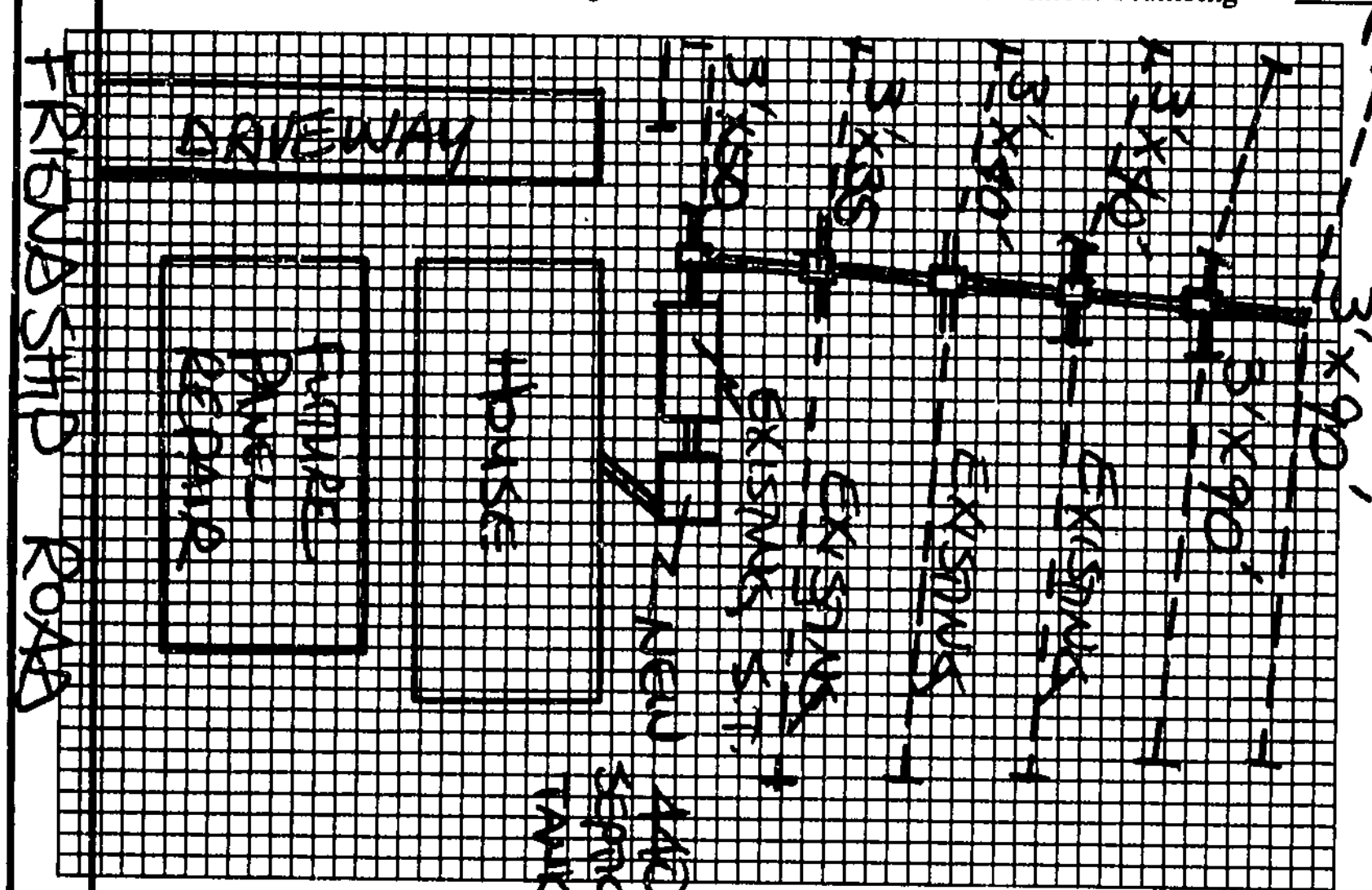
No. of Lines 6

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☐

Public ☑



Plot of System (Not to Scale)

Installed by DAVID YOUNTS

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

(1) SYSTEM NOW HAS A TOTAL OF 500 LINEAR FEET

(2) FUTURE REPAIR TO PUMP, PANELS.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 5/18/93

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