4750499779

IREDELL COUNTY HEALTH DEPARTMENT

15044

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Mary Ball Williams DATE 8/19/92 PERMIT NO. 4L-B-6

PHONE: Business _____ Home 528-6305

LOCATION Cathcart Rd, 1.15 mi NE on Cathcart, (R) to last trailer on (R) trailer on (R) of Williams S.R. No. _____

SUBDIVISION NAME _____ 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 Existing

Soil Characteristics Existing System

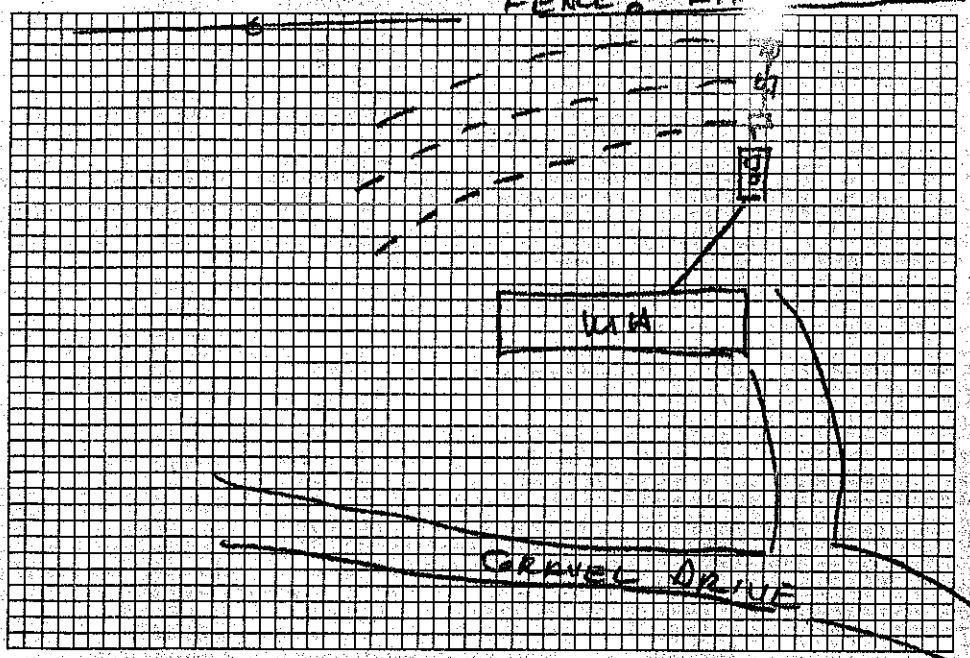
Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement with Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. 900 Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ☐ Public ☐

* completion
Ralph Williams
12-4-87

Installed by HC Houston

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 _____

COMMENTS ~200' to well which serves both trailers - No evidence of malfunction

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY Wesley Lyle, R.S. DATE 8/19/92

CONSTRUCTION MUST COMPLY WITH ALL C PLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of d/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: Ye... Sanitarian's Copy: Pink Owner's Copy: Gold