45594

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15387
OWNER OR CONTRACTOR ROSEMARY BROOME DATE 12/9/92 PERMIT NO. 5F-2-A-39

PHONE: Business _____ Home _____

LOCATION US 70E, TR TRIPLETT, TL WILLOW RIDGE S/D, TR 1ST DRIVE (WINDING ARBOR), LOT #39 ON (L) S.R. No. _____

SUBDIVISION NAME WILLOW RIDGE LOT NO. 39 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ D/W Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics PS

Garbage Disposal Unit Yes ☑ No ☐ Application Rate 0.35 GPD/FT2

Auto. Dishwasher Yes ☑ No ☐ Topography 2-4% LINEAR

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table >4

Lot Area AMPLE Rock or other impervious formations NONE

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

RST 11/7/92

Size of Tank 1200 Gals.

Nitrification Field:

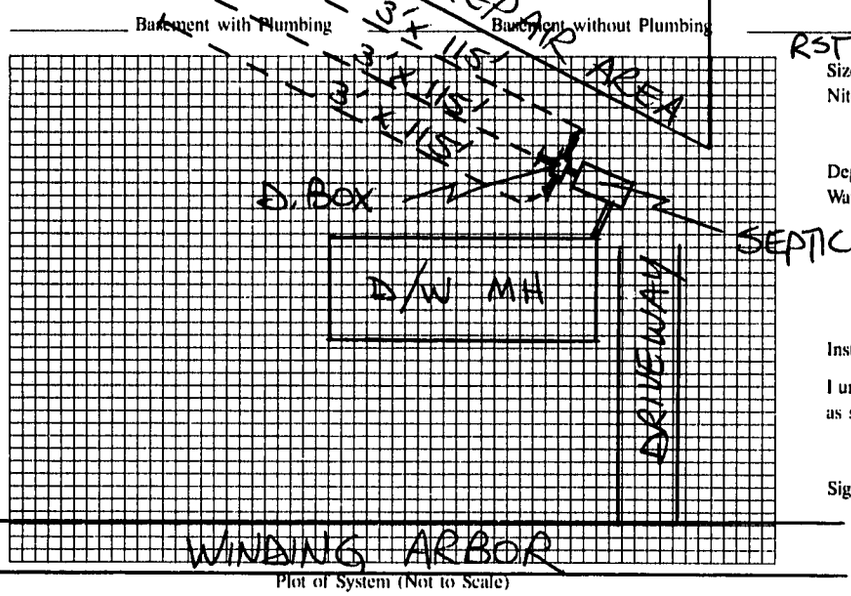
No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL TO BE LOCATED

Public ☐



Plot of System (Not to Scale)

Installed by WAYNE ELLER

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 KELLY SHEEKS

COMMENTS ① KEEP WELL MINIMUM 100' FROM SYSTEM
② REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 12/9/92

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