IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14671

OWNER OR CONTRACTOR FRANCISO CASTILLO DATE 6/1/92 PERMIT NO. 12H-8-A-21

PHONE: Business _____ Home _____

LOCATION US 21 N, TL BEL-AIRE DR, ON (R) AFTER RIGHT TURN IN DRIVE S.R. No. _____

SUBDIVISION NAME HARMONY MEADOWS LOT NO. 21 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics _____

Garbage Disposal Unit Yes ☐ No ☑ Application Rate _____

Auto. Dishwasher Yes ☑ No ☐ Topography _____

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

Lot Area 0.459 AC Rock or other impervious formations EXISTING

Basement with Plumbing 3' x 70' Basement without Plumbing _____ No Basement _____ Crawl Space

Size of Tank EXISTING 1000 Gals.

Nitrification Field:

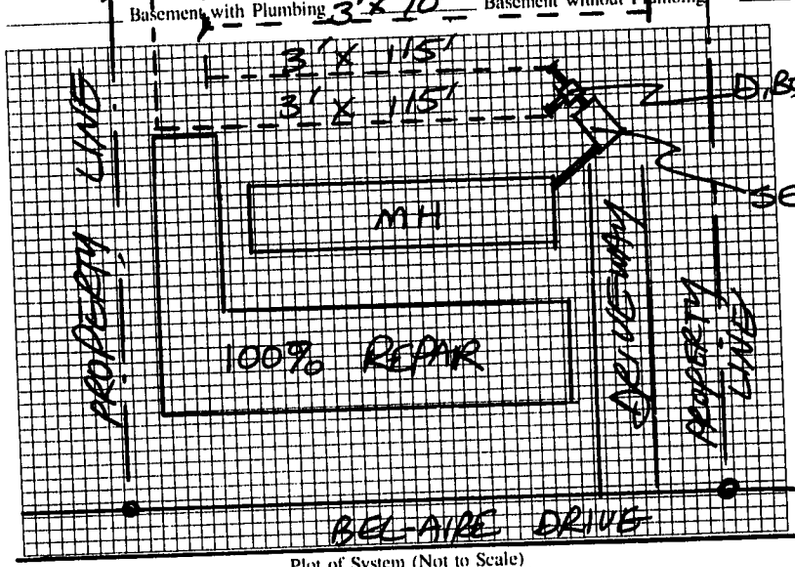
No. of Lines 1

Sq. Ft. 210 Linear Ft. 70

Depth of Stone in Lines 12"

Water Supply: Individual ☐

Public ☑



Plot of System (Not to Scale)

Installed by A-1 BACKHOE

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 300' TOTAL LINEAR FOOTAGE (2) REPAIR AREA IS 100% CONVENTIONAL REPAIR. GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 6/1/92

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