IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

REPAIR

OWNER OR CONTRACTOR RAVON & JACQUELINE BAKER DATE 11/30/92 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 115N, TL LINNEYS MILL ROAD, TR OAK HOLLOW ROAD, ON (L) JUST PAST HILLSDALE ROAD (CINDER BLOCK HOUSE) S.R. No. 1609

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area AMPLE

Soil Characteristics DS

Application Rate 0.35 GPD/FT.

Topography 8-10% NOSE

Depth to Water Table >4'

Rock or other impervious formations NONE

REPAIR AREA

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

TP 8/10/92

Size of Tank 1000 Gals.

Nitrification Field:

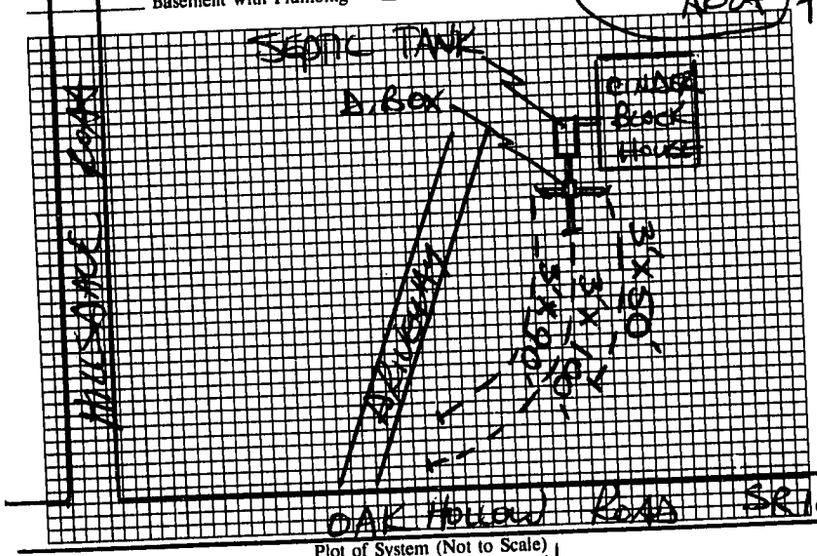
No. of Lines 3

Sq. Ft. 690 Linear Ft. 230+

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐ NEXT DOOR



Plot of System (Not to Scale)

Installed by JAMES HEALER

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 _____

FUTURE REPAIR IS 100% CONVENTIONAL, GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 11/30/92

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