REPAIR

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR KAY & ROBERT HEFNER DATE 5/27/93 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 115N, ON (R) DIRECTLY ACROSS FROM JORDAN'S TEXACO AT CARDERWOOD RD.

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S.R. No. NC115

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area AMPLE

Soil Characteristics EXISTING

Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

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

Size of Tank EXISTING Gals.

Nitrification Field:

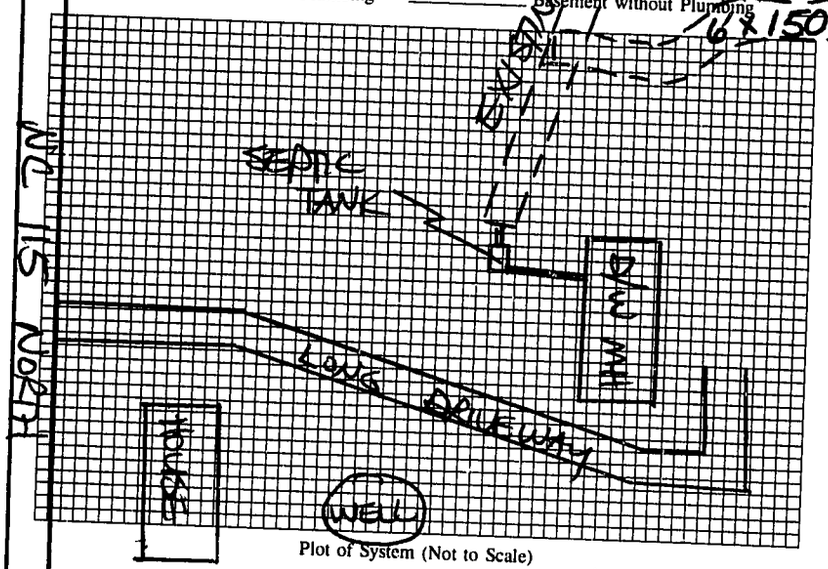
No. of Lines 1 - 6' BED

Sq. Ft. 450 Linear Ft. 150

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL NEXT DOOR

Public ☐



Plot of System (Not to Scale)

Installed by JAMES HUDLER

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 SYSTEM NOT INSTALLED AS ORIGINALLY PERMITTED ADDITIONAL 6' x 50' INSTALLED TO COMPENSATE FOR EQUIVALENT PORTION INSTALLED TOO DEEP & OUT OF CONTOUR

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 5/27/93

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