15659

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR: BARBARA POPE DATE: 2/5/93 PERMIT NO. PART OF 89-A-39

PHONE: Business ______ Home ______

LOCATION: I-40W, TR SHARON SCHOOL ROAD, TL LOOKOUT DAM ROAD, TL PRIVATE ROAD ~1/4 MILE, AT END ON (R) S.R. No. ______

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

House ☐ Mobile Home ☑ S/W Business ☐ Other: PLANNED FOR FUTURE 3 BR

No. Bedrooms: 3 No. Bathrooms: 2

Garbage Disposal Unit: Yes ☐ No ☑

Auto. Dishwasher: Yes ☑ No ☐

Auto. Wash. Machine: Yes ☑ No ☐

Lot Area: ~5 ACRES

Soil Characteristics: PS

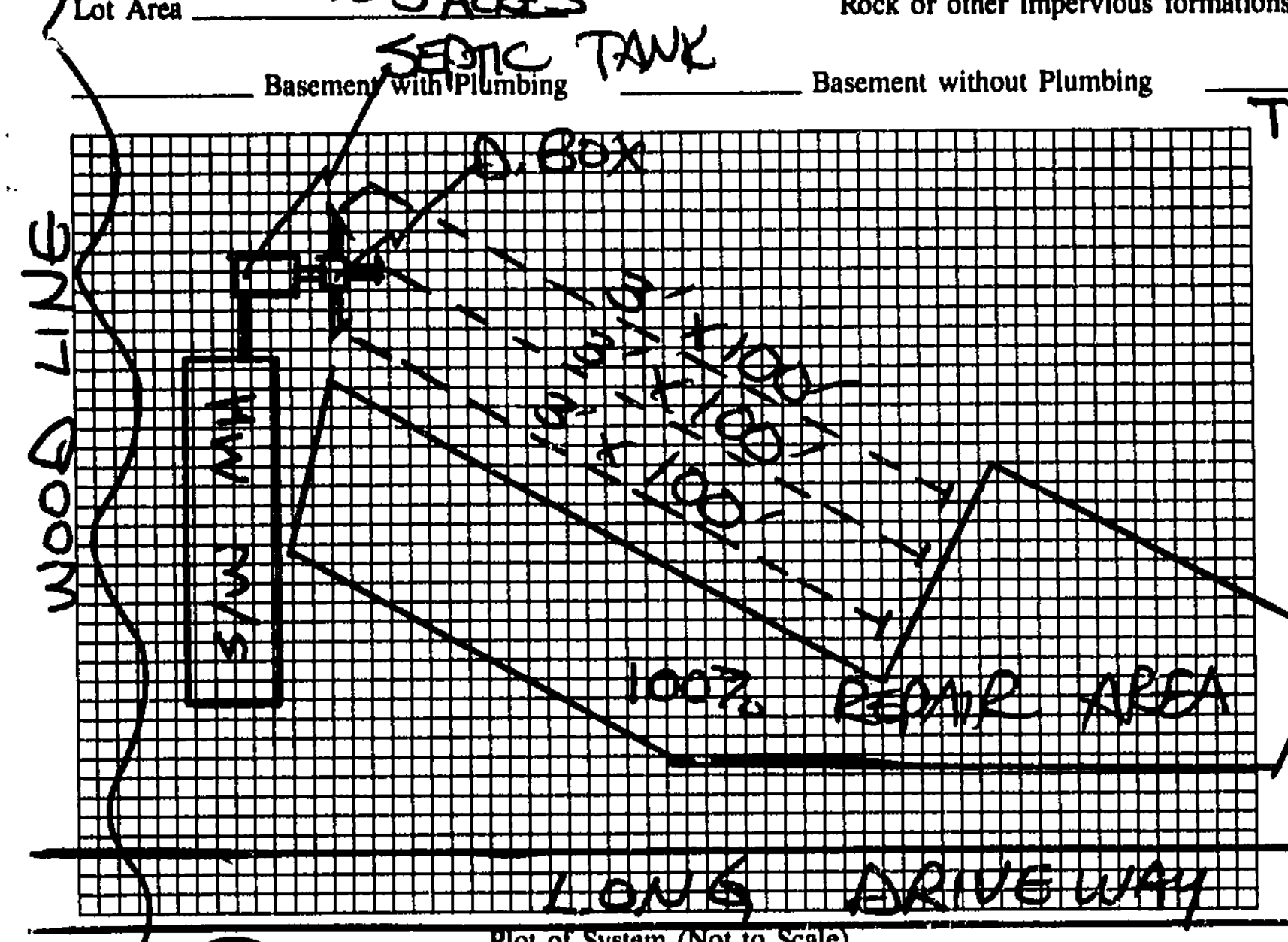
Application Rate: 0.40 GPD/FT2

Topography: 4-6% NOSE SLOPE

Depth to Water Table: >41"

Rock or other impervious formations: NONE

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



Plot of System (Not to Scale)

TP 9/15/92

Size of Tank: 1000 Gals.

Nitrification Field:

No. of Lines: 3

Sq. Ft.: 900 Linear Ft.: 300

Depth of Stone in Lines: 12"

Water Supply: Individual ☑ WELL Public ☐

Installed by: ESKER ELDER

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 REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED

② MH NOT ON SITE AT TIME OF INSPECTION, KEEP MH MINIMUM 5' FROM SYSTEM.

CERTIFICATE OF COMPLETION BY: STEVE HEDRICK DATE: 2/5/93

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