14845

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Jerry Hager DATE 3-2-93 PERMIT NO. 80-A-30

PHONE: Business _____ Home _____

LOCATION Sharon School Rd. to county line Rd TL Paul Payne Rd. TL 1st dirt Rd to L. bear L at fork and go to end, lot on L. S.R. No. _____

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

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 14.66 acres

Soil Characteristics P.S. Clayey

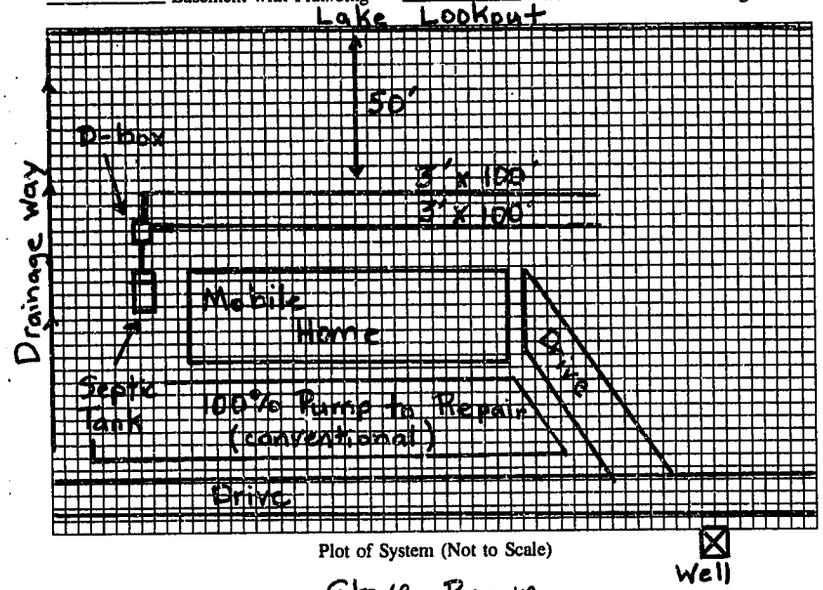
Application Rate .4 gpd/ft²

Topography 6-10% L

Depth to Water Table > 6'

Rock or other impervious formations NA

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



Plot of System (Not to Scale)

Size of Tank 1000 (1-3-93) Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200'

Depth of Stone in Lines 12"

Water Supply: Individual ☑ well

Public ☐

Installed by Cathren's 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 Brown

COMMENTS 100% Pump to Repair, conventional lines.

CERTIFICATE OF COMPLETION BY Michael J. Dennis DATE 3-2-93

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