45639

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15525

OWNER OR CONTRACTOR WILLIAM RAY ROTEN DATE 1/28/93 PERMIT NO. 8H-5-B-4

PHONE: Business _____ Home 873-8433

LOCATION I-40 W, TL OLD MOUNTAIN ROAD, TR MOCK MILL ROAD, TR HOKE CIRCLE, 4TH LOT ON (L)

SUBDIVISION NAME HOKELAND HEIGHTS LOT NO. 4 SECTION OR BLOCK NO. _____ S.R. No. 1712

House ☐ Mobile Home ☑ B/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 115'x174'

Soil Characteristics PS

Application Rate 0.35 GPD/FT2

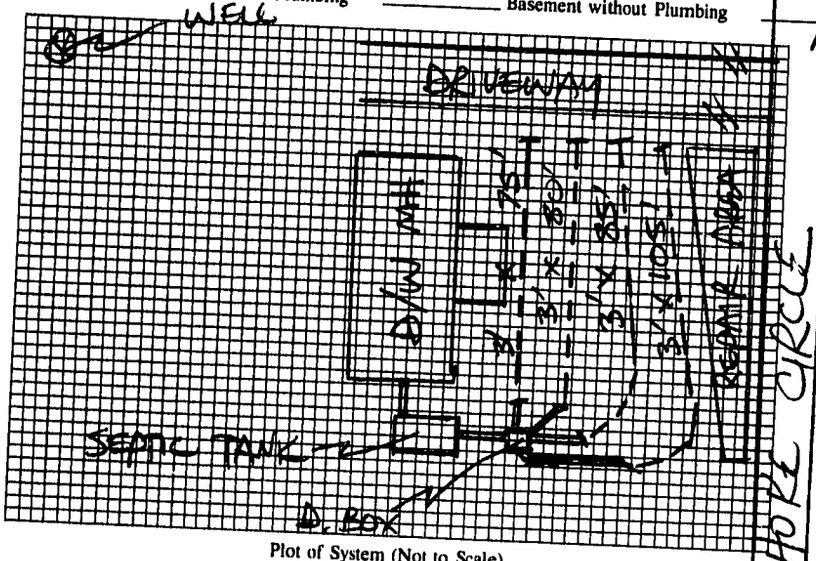
Topography 6-8% LINEAR

Depth to Water Table >4'

Rock or other impervious formations NONE NOTED

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

ACP 6/16/93



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐

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 _____

REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 1/28/93

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

MOCK MILL ROAD