43629

IREDELL COUNTY HEALTH DEPARTMENT

14792 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR CHARLES CARLSON DATE 11/9/92 PERMIT NO. 85-A-41

PHONE: Business _____ Home _____

LOCATION I-40 W, TR OLD MOUNTAIN ROAD, TL OLD MILLER ROAD, DRIVE ~ ½ MILE ON (R), BACK OFF ROAD. S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 2.1 AC

Soil Characteristics PS

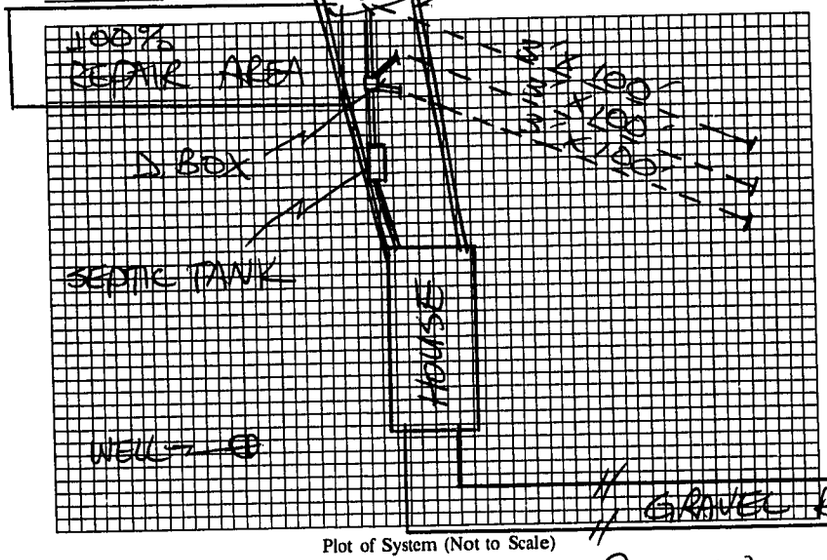
Application Rate 0.40 GPD / FT2

Topography 4-6% NOSE SLOPE

Depth to Water Table >4'

Rock or other impervious formations NONE

✓ Basement with Plumbing GUTTER & BASEMENT DRAINS Basement without Plumbing _____ No Basement _____ Crawl Space _____



Plot of System (Not to Scale)

TP

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 Tommy Frye

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.)

OLD MILLER ROAD

IMPROVEMENT PERMIT BY STEVE BROWN

COMMENTS

① REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED

② GUTTER & BASEMENT DRAINS TO BE PIPED BEYOND SEPTIC SYSTEM

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 11/9/92

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