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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR DAVID HORTON DATE 2/1/93 PERMIT NO. PART OF 8N-A-16

PHONE: Business ______ Home ______

LOCATION ISLAND FORD ROAD WEST, DRIVEWAY ON (L) ACROSS FROM OLD MILLER ROAD, HOUSE OFF ROAD ~ 1/4 MILE 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 20.245 AC

Soil Characteristics PS

Application Rate 0.40 GPD / FT²

Topography 6-8% NOSE

Depth to Water Table >4'

Rock or other impervious formations SCATTERED SMALL ROCK

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

Size of Tank 1000 Gals.

Nitrification Field:

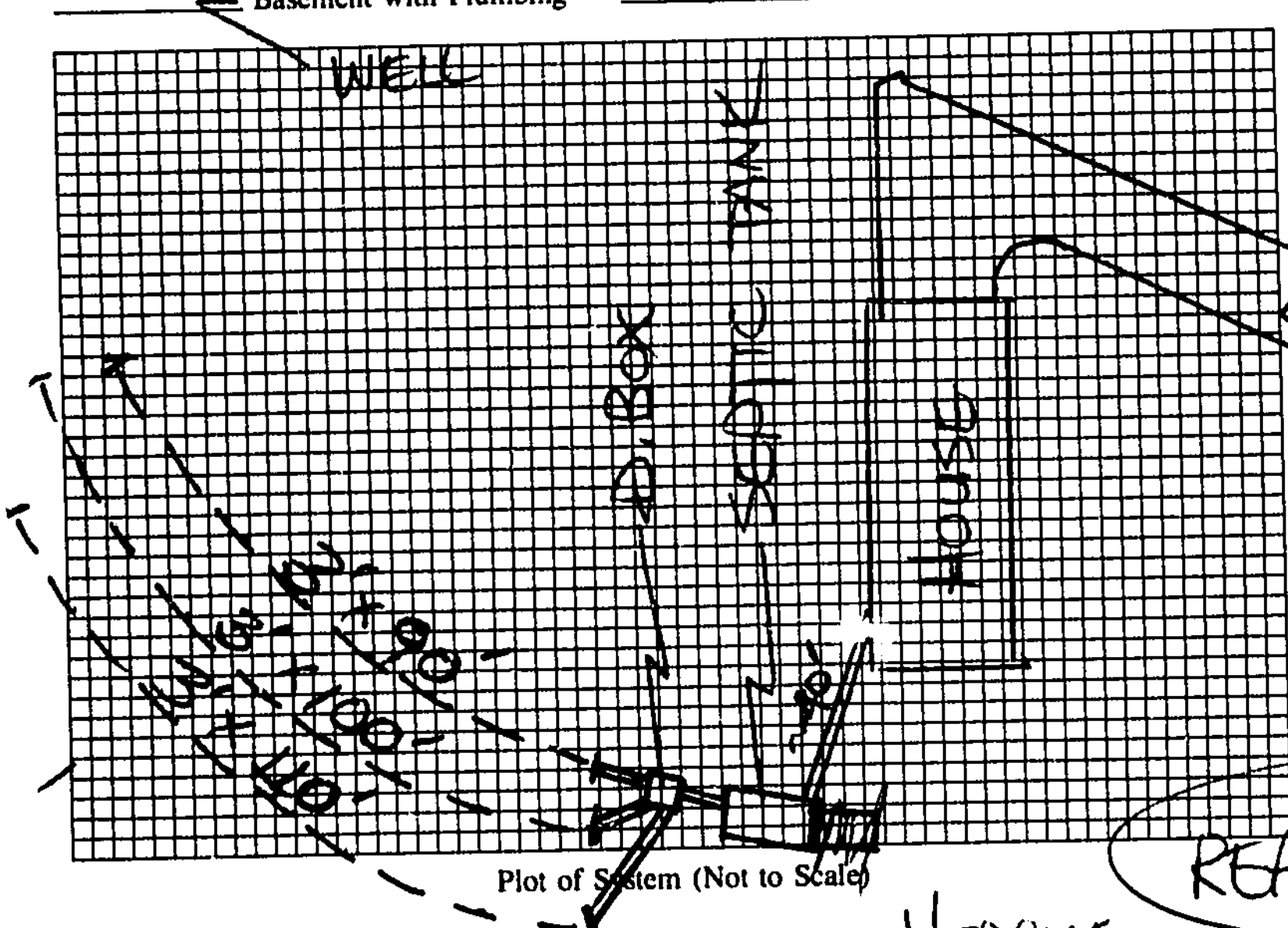
No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☒ WELL

Public ☐



Plot of System (Not to Scale)

Installed by ______

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.)

REPAIR AREA

IMPROVEMENT PERMIT BY STEVE HEDRICK

COMMENTS

REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 2/1/93

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