Superior Paving 43580

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14759

OWNER OR CONTRACTOR R. E. FOY DATE 2/11/93 PERMIT NO. 93-4-A-25

PHONE: Business _____ Home _____

LOCATION NC 90 W, TL LACKEY FARM ROAD (WEST), TL 1ST PAVED STREET, AT CUL-DE-SAC ON (LEFT) S.R. No. _____

SUBDIVISION NAME STONY HILL LOT NO. 25 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 1.41 ACRES

Soil Characteristics PS

Application Rate 0.4 GPD/FT² LINEAR

Topography 2-6% S4

Depth to Water Table 54"

Rock or other impervious formations NONE

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

TP 1/8/93

Size of Tank 1000 Gals.

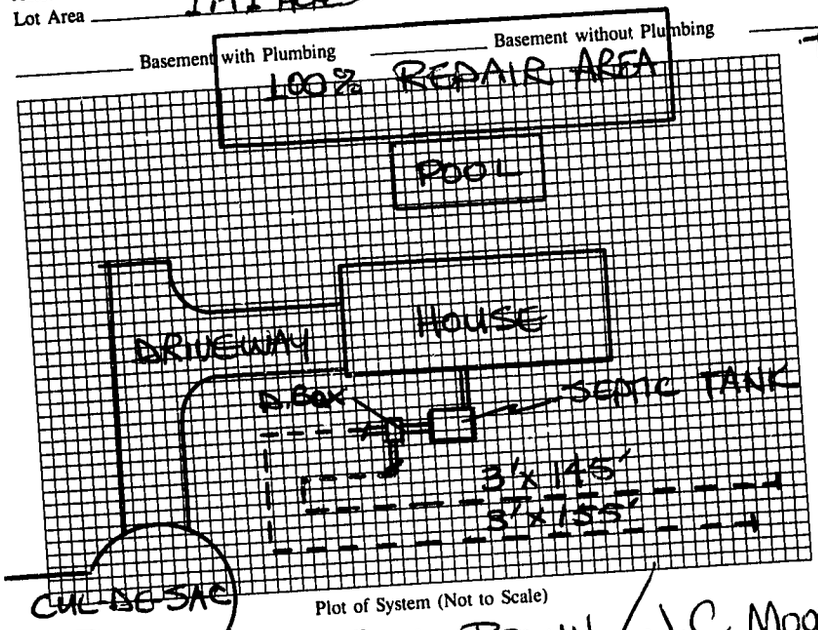
Nitrification Field:

No. of Lines 2

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑



Plot of System (Not to Scale)

Installed by TOMMY COTHREN

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 / J.C. MOORE

COMMENTS

(1) REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED

(2) NITRIFICATION TRENCHES INSTALLED FOLLOWING SLOPE, NOT CONTOUR OF GROUND WHICH MAY AFFECT LIFESPAN OF SYSTEM.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 2/11/93

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