15505

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Neil J. Goodnight Jr. DATE March 11, '93 PERMIT NO. 20-1-A-194

PHONE: Business _____ Home _____

LOCATION 1100 TR 1236 (Stonemarker) Bear left then right on Stonemarker West .9 mile on Right S.R. No. _____

SUBDIVISION NAME Stonemarker LOT NO. 17 SECTION OR BLOCK NO. II

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 3 1/2

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 1 Ac.

Soil Characteristics ps clay loam - very stable

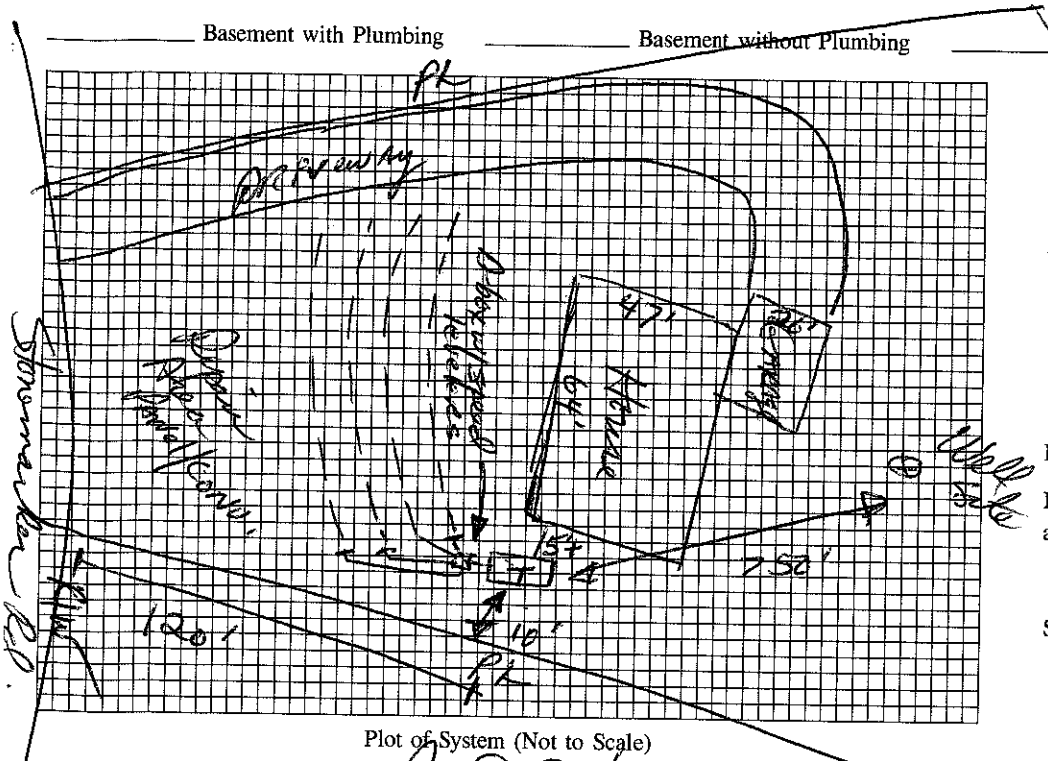
Application Rate .03 gal/ft²/day

Topography 2-2½ initial typ. area

Depth to Water Table >4'

Rock or other impervious formations None Obs

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



Plot of System (Not to Scale)

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4-5

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by _____

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: Neil J. Goodnight Jr.

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Jerry R. Hinson RS

COMMENTS Follow contour & No greater than 36" trench bottom.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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