15117

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR George Eckart DATE Sept. 1, '92 PERMIT NO. 2F3B22

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 to end bear left on Kemp Rd. ~ 1/4 mile on left S.R. No. _____

SUBDIVISION NAME Pine Knoll Pointe LOT NO. 22 SECTION OR BLOCK NO. _____

9/6/95 STB 794 - 1000

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 .99 Ac.

Soil Characteristics CL clay

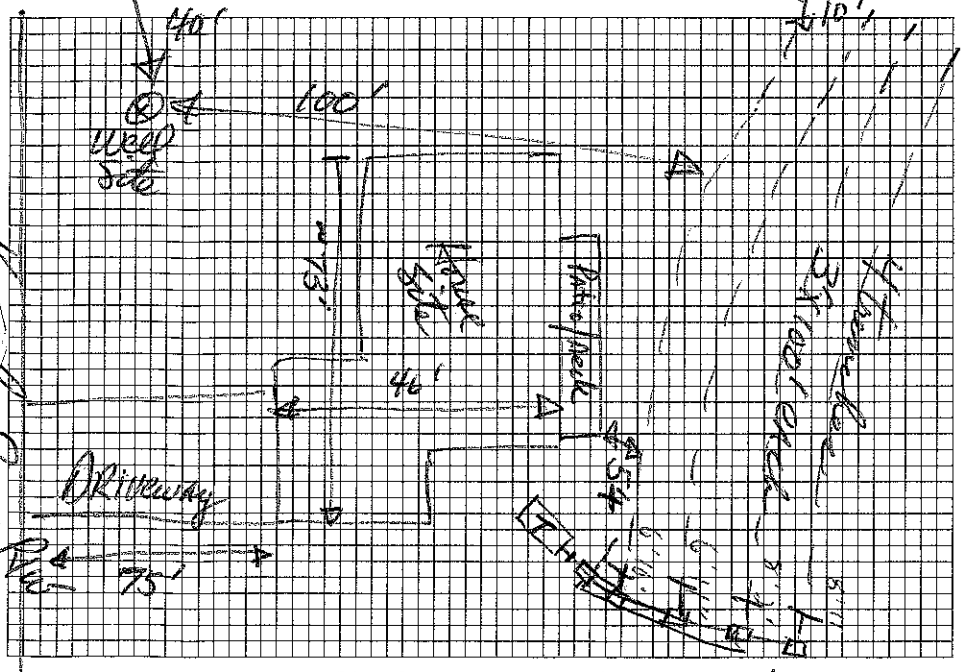
Application Rate .3 gal/ft²/day

Topography rolling

Depth to Water Table 74"

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 1000 Gals.

Nitrification Field:

No. of Lines 4

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: X George Eckart by [illegible] Agent

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

IMPROVEMENT PERMIT BY D.R. Hinson, R.S.

COMMENTS Septic Tank contractor may use a single 1000 gal tank with speed leveler Versus drop boxes shown. Follow contour with drainfield & 36" max. trench bottom depth.

CERTIFICATE OF COMPLETION BY Authorized Agent of Health Department 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