15995

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Rodney Dale Bumgardner DATE March 22, '93 PERMIT NO. 2F-3A-25

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 (McKendree) to END bear left on Kemp - 1/2 - 3/4 mile on left S.R. No. _____

SUBDIVISION NAME Pine Knoll Pointe LOT NO. 25 SECTION OR BLOCK NO. _____

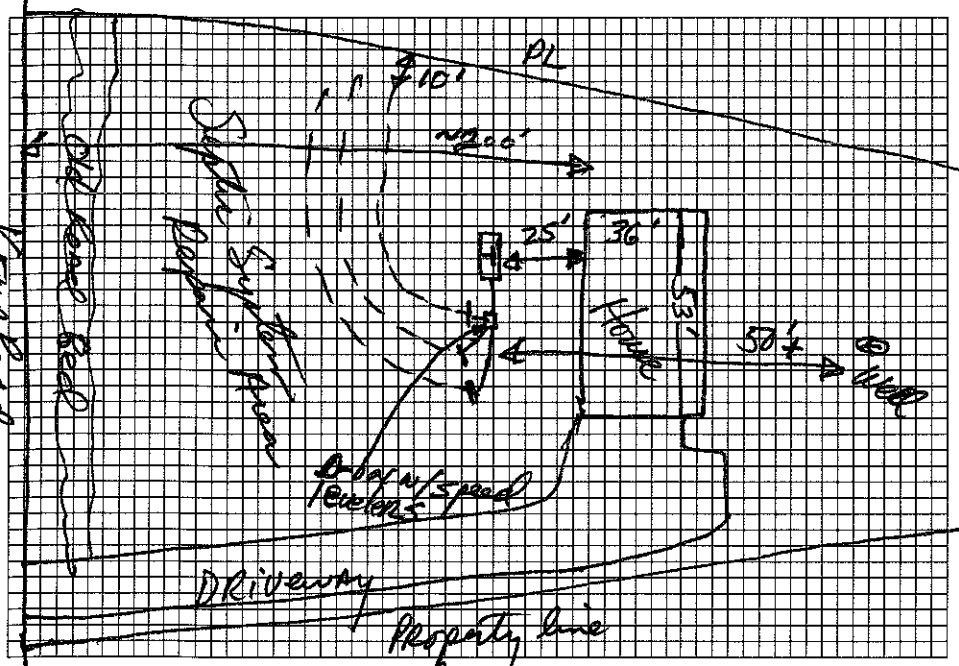
STB 1013 RST
7-4-93 1250 gal

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 Ac

Soil Characteristics Clay
Application Rate .35 gal/ft²/day
Topography initial field area approx 4% / repair area 6-8%
Depth to Water Table 7 ft
Rock or other impervious formations some scattered rock

_____ 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 3-4
Sq. Ft. 1050 Linear Ft. 350
Depth of Stone in Lines 12"
Water Supply: Individual ☑
Public ☐

PL

Installed by _____

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

Signed: Rodney Dale Bumgardner

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

IMPROVEMENT PERMIT BY Jarrod R. Hinson

COMMENTS Follow contour. 24" trench bottom depth. Main level plumbing to exit near left front house corner at existing grade level.

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