15306

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

4626228583

OWNER OR CONTRACTOR Burton and Kathy Dunlap DATE Oct. 8, '92 PERMIT NO. 2F-1-A-35

PHONE: Business ______ Home ______

LOCATION 1100 TR 1177 to end TR Indian Trail ~ 3/4 mile on left S.R. No. ______

SUBDIVISION NAME Crescent / Lake Norman LOT NO. 1671 SECTION OR BLOCK NO. 7

House ☑ Mobile Home ☐ Business ☐ Other Replacing M.H. w/ house

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 1 Ac +

Ex Well

750'

Soil Characteristics ______

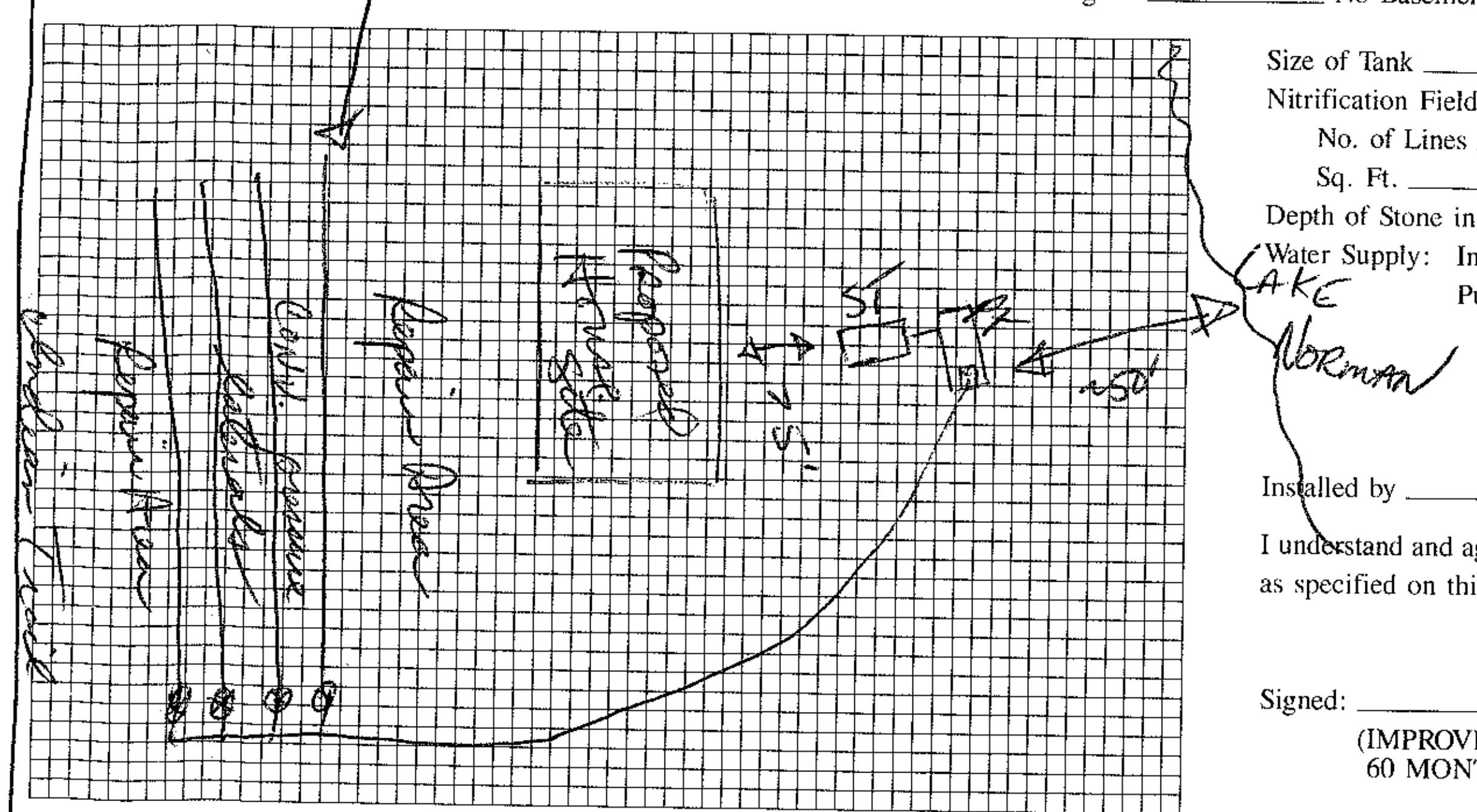
Application Rate ______

Topography ______

Depth to Water Table ______

Rock or other impervious formations ______

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



Plot of System (Not to Scale)

DRIVEWAY

Size of Tank Existing ST + PT Gals.

Nitrification Field:

No. of Lines Existing (4)

Sq. Ft. ______ Linear Ft. (525)

Depth of Stone in Lines ______

Water Supply: Individual ☑

Public ☐

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.)

IMPROVEMENT PERMIT BY ______

COMMENTS Existing system showing no sign of malfunction. Electrical hookup needs to be Nema 4X or equivalent (at pump tank)

CERTIFICATE OF COMPLETION BY ______ DATE ______

EXISTING SYSTEM CHECKED BY D R Henson, RS DATE 10/8/92

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