14891

IREDELL COUNTY HEALTH DEPARTMENT

PIN# 4626-66-8311

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR James Mc McCrea DATE Sept 8, '92 PERMIT NO. 2F1049

PHONE: Business _____ Home _____

LOCATION 1100 TR1115 (McKendree) - ½ mile on right

SUBDIVISION NAME Brookridge Shores S.R. No. _____

LOT NO. 9 SECTION OR BLOCK NO. _____

House ☑ Addition Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 5 No. Bathrooms 3½

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area 2 lots combined = 1 Acre total

Soil Characteristics Pselay

Application Rate Lt. 4 2-4 Rt. 4

Topography 2-4%

Depth to Water Table 7 4'

Rock or other impervious formations None obs

Slab

_____ Basement with Plumbing

_____ Basement without Plumbing

✓ No Basement _____ Crawl Space

For 2 bedroom Addition

Size of Tank 1000 Gals.

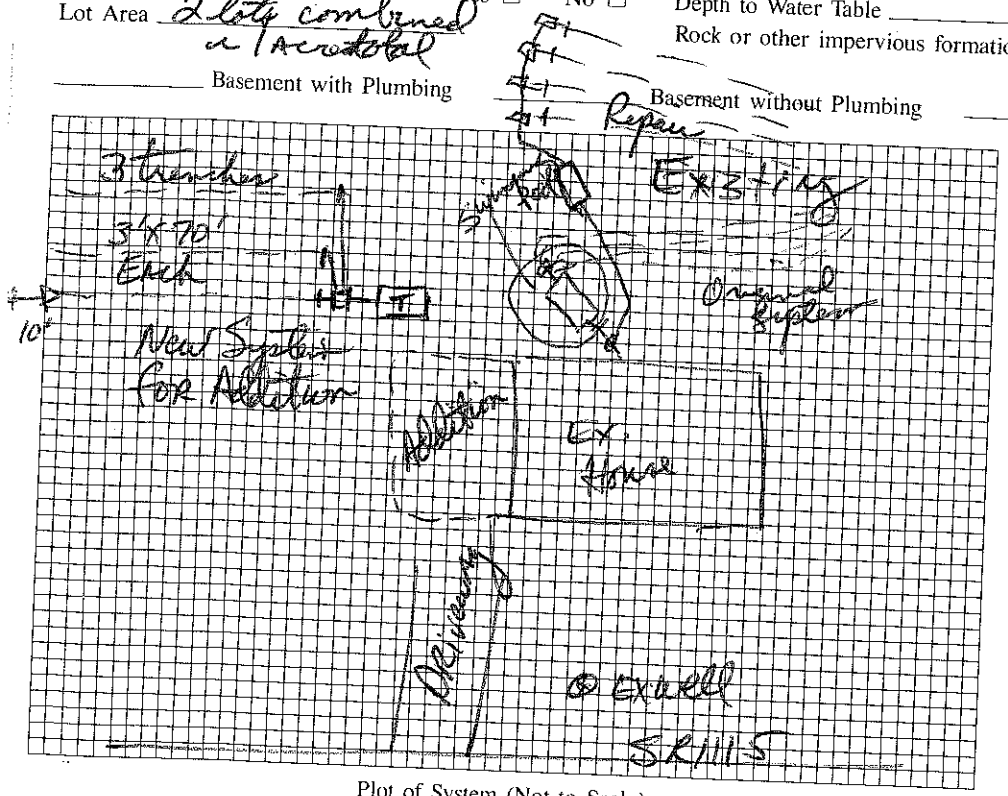
Nitrification Field:

No. of Lines 3

Sq. Ft. 630 Linear Ft. 210

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐



Plot of System (Not to Scale)

Installed by Jerry Beam

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 DRH

COMMENTS _____

CERTIFICATE OF COMPLETION BY D K Thomson, RS

EXISTING SYSTEM CHECKED BY _____ DATE 9/8/92

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

DATE _____

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