4626-85-5909

13011

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Todd Hedrick DATE Oct 29, '92 PERMIT NO. 2FIIA3

PHONE: Business _____ Home _____

LOCATION 1100 TR into Poplar Grove keep left on left

S.R. No. _____

SUBDIVISION NAME Poplar Grove LOT NO. 3 SECTION OR BLOCK NO. _____

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 220,000 ft2

Soil Characteristics ps clay

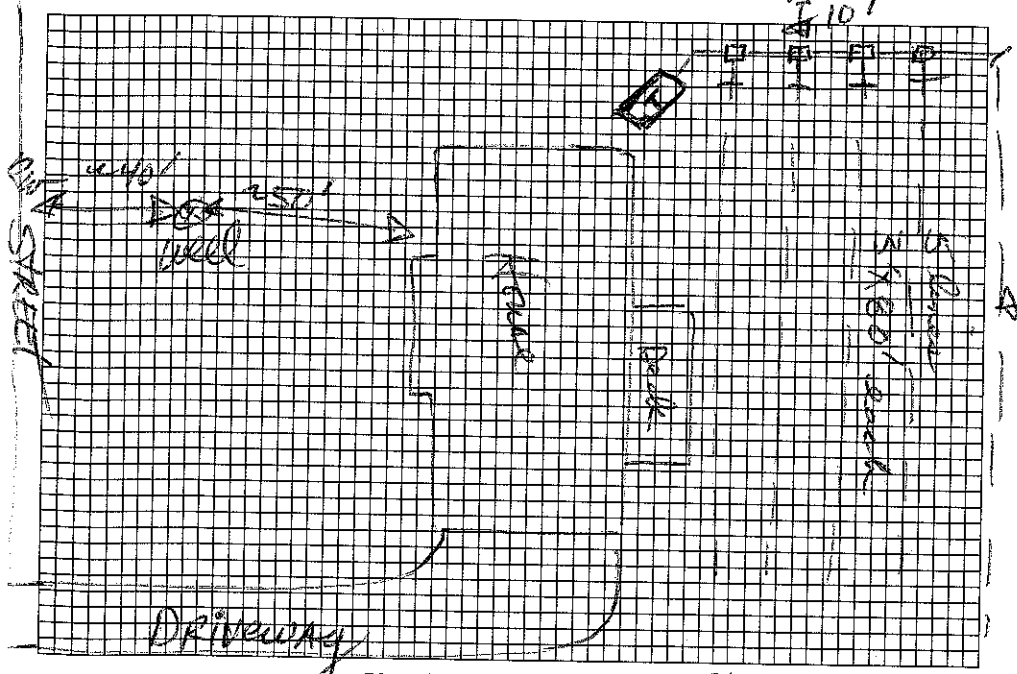
Application Rate 40.3

Topography 8-10% sl. complex

Depth to Water Table > 4ft

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 5

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by: Richard Abernathy

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 A W Sparks

COMMENTS Parts of drainfield greater than 36" from bottom, however this was done to preserve some repair area. No problem noted with soil conditions.

CERTIFICATE OF COMPLETION BY D K Hinson, RS DATE 10/29/92

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