IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 13751 DATE NOV. 8, 93 TAX MAP NO. 2F11A35 4636-20-0608 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR IRVIN & Jennie Hoechner PHONE: Business _____ Home _____ L.N.

ADDRESS _____

LOCATION 1109 IR into Poplar Grove Bear right on Tammy Bark AT END

SUBDIVISION Poplar Grove BLOCK / SECTION _____ LOT 35 LOT AREA .795 Ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 RST Date 9-29-93

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 (MAIN) Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: gravity conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

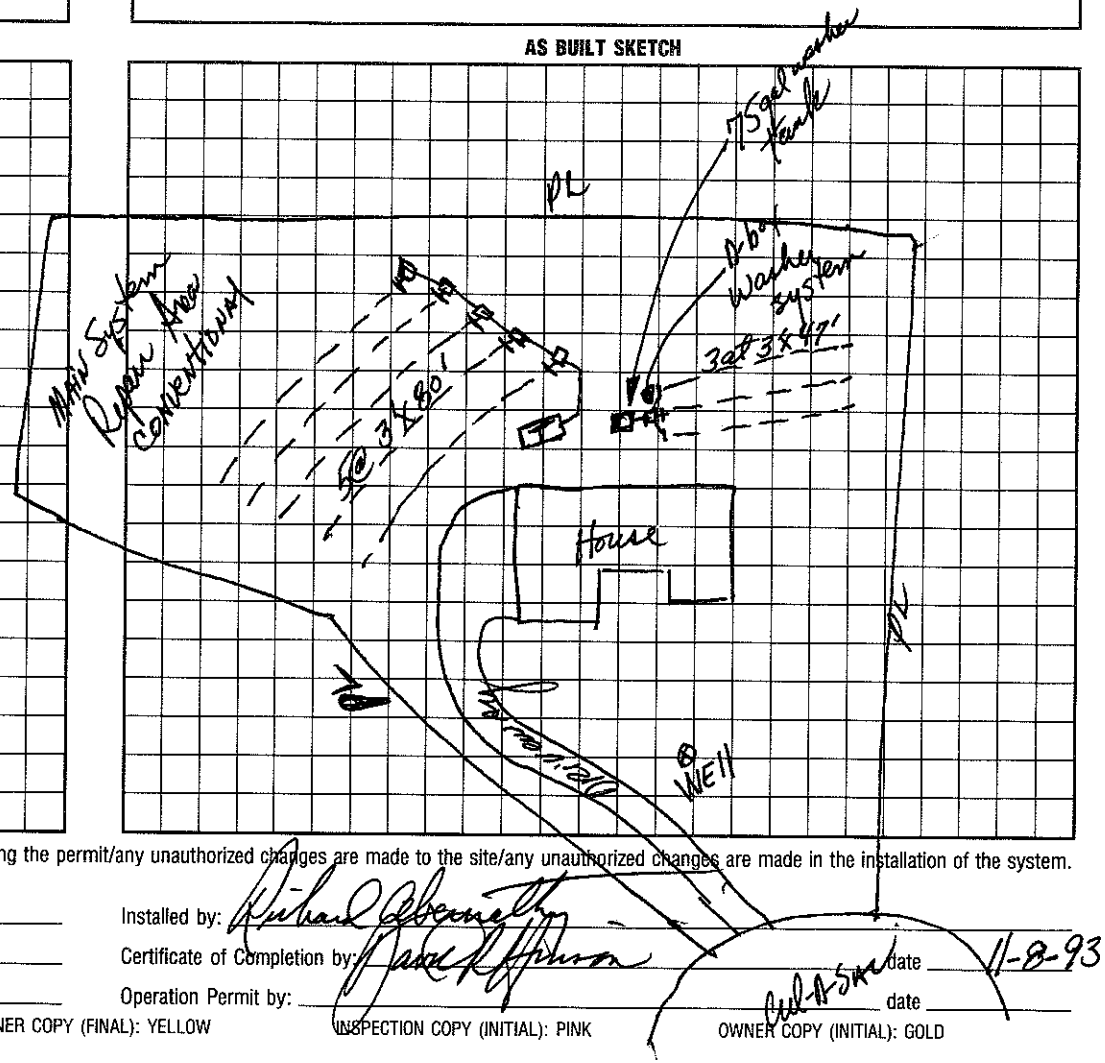
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: Split System — 140' on washer system

INITIAL SITE SKETCH

AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: Richard Abernethy

Certificate of Completion by: Jack Huffman date 11-8-93

Operation Permit by: _____ date _____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

IREDELL COUNTY HEALTH DEPARTMENT

15751 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Irvin & Jennie Hoechner DATE May 7, '93 PERMIT NO. 2F-11-A-35

PHONE: Business _____ Home _____

LOCATION 1100 TR into Poplar Grove Bear right on Tawny Bark Dr. At End S.R. No. _____

SUBDIVISION NAME Poplar Grove LOT NO. 35 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2½

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area .795 Ac

Soil Characteristics PsCl/Cl

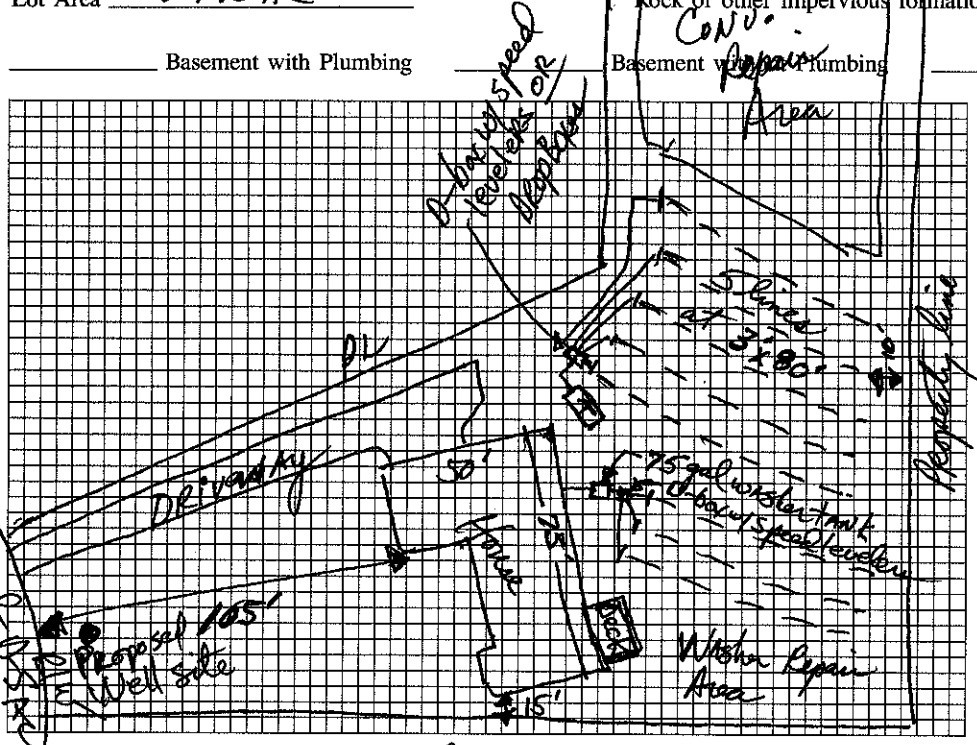
Application Rate .3 gal/ft²/day

Topography 2-4%

Depth to Water Table > 41

Rock or other impervious formations None 2ft.

_____ Basement with Plumbing _____ Basement w/o Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank Main Septic System 1250 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Water system - 75 gal tank 3-4 trenches, 140' total

Installed by _____

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

Signed: Irvin L. Hoechner

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

IMPROVEMENT PERMIT BY Jane R. Hinson, RS

COMMENTS Follow contour.

RST 1000 gal

STB 825 9-29-93

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