15926

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OR CONTRACTOR ABJ CONST (CURTIS GUILD) DATE 4/7/93 PERMIT NO. 2P-4-A-154

: Business _____ Home 664-4353

ION Normandy Rd, to cul de sac on (R) below road.

S.R. No. 1428

DIVISION NAME CL + T LOT NO. 1107 SECTION OR BLOCK NO. _____

ouse ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 20,000 FT²

Soil Characteristics P - C/C TRANS.

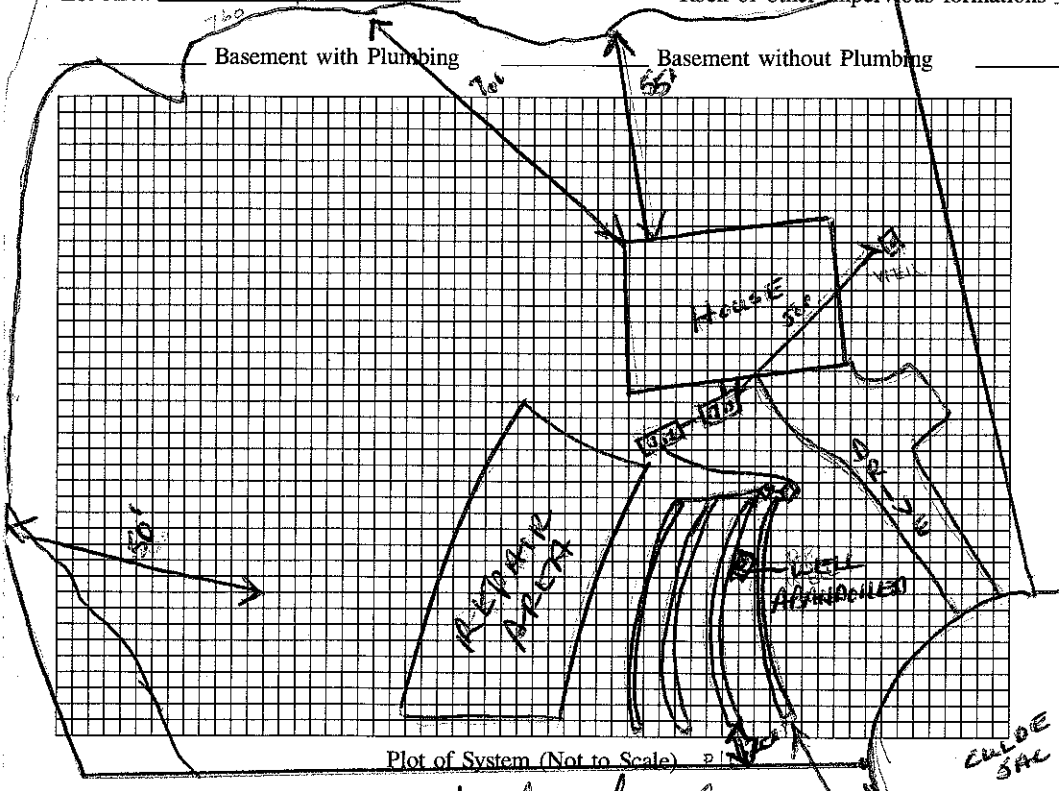
Application Rate P (.25 - .3)

Topography P - 3-4%

Depth to Water Table P - 36"

Rock or other impervious formations P - COBBLY STONES.

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



Plot of System (Not to Scale)

Size of Tank 1000 / 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 50' x 2'

Sq. Ft. _____ Linear Ft. 200'

Depth of Stone in Lines 6" SAND.

Water Supply: Individual ☑ NOT DRILLED

Public ☐ YET.

* 16" Pressure Panel System

* 24" WELL ABANDONED 4/8/93

Installed by _____

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

Signed: Kim Lamm FOR ABJ

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

IMPROVEMENT PERMIT BY Wesley Sparks.

COMMENTS 4/7/93 Well abandoned by ABJ CONST CO.

~~130 GALLON DOSE~~ 128 GAL DOSE, 28 GPM PUMP REQUIRED. Pressure Panel System.

2 Dist Boxes used in lieu of Maintenance Agreement.

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