14714

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR J MICHAEL ANDERSON DATE 6/23/92 PERMIT NO. 2P-A-1 Pt of

PHONE: Business _____ Home 896-0773

LOCATION End of Normandy Rd. to last lot on left of cul de sac

S.R. No. _____

SUBDIVISION NAME C L + T LOT NO. 1 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics P - C / SIC TRANS

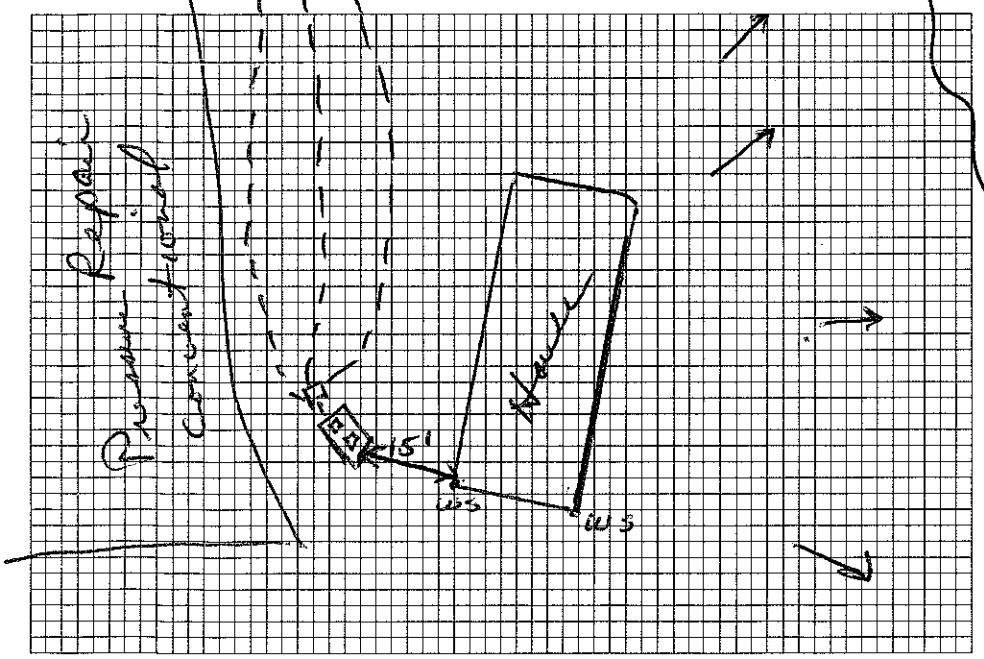
Garbage Disposal Unit Yes ☐ No ☑ Application Rate P - .35 (SS-wk)

Auto. Dishwasher Yes ☑ No ☐ Topography P - 2-3%

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table S - >48"

Lot Area ~3.97 AC Rock or other impervious formations S - None found

_____ 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 3 @ 115' x 3'

Sq. Ft. 1028 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED YET

Public ☐

LOT LINE

Installed by _____

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

Signed: Craig M. Roseman

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

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS Trenches no deeper than 36" to trench bottom, lines on slope contour area for drainfield to be cleared but not graded down. Drainfield 15' minimum above gully area. Shape old road area so lines can be installed.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

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 on is supplied toward securing Improvement Permit.

alth Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold