15641

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

4638 34 9473

OWNER OR CONTRACTOR H+H Const. Co (STRICKLAND) DATE 3/31/93 PERMIT NO. 2P-4 A 110

PHONE: Business _____ Home 892-9166

LOCATION Kenan Rd; Normandy Rd TR on Kenan Rd. to first lot on (L)

S.R. No. _____

SUBDIVISION NAME C L + T LOT NO. 1092 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

Bedrooms 3 No. Bathrooms 2.5

Soil Characteristics P - C / C TRANS.

Application Rate P - .35 (ap, ao, fIRm)

Topography P - 4-5%

Depth to Water Table S - 48"

Rock or other impervious formations S - NONE OBSERVED

Sewage Disposal Unit	Yes ☐	No ☑
Dishwasher	Yes ☑	No ☐
Wash. Machine	Yes ☑	No ☐

Area 20,000 FT²

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

Size of Tank PT 1000 / ST 1000 Gals.

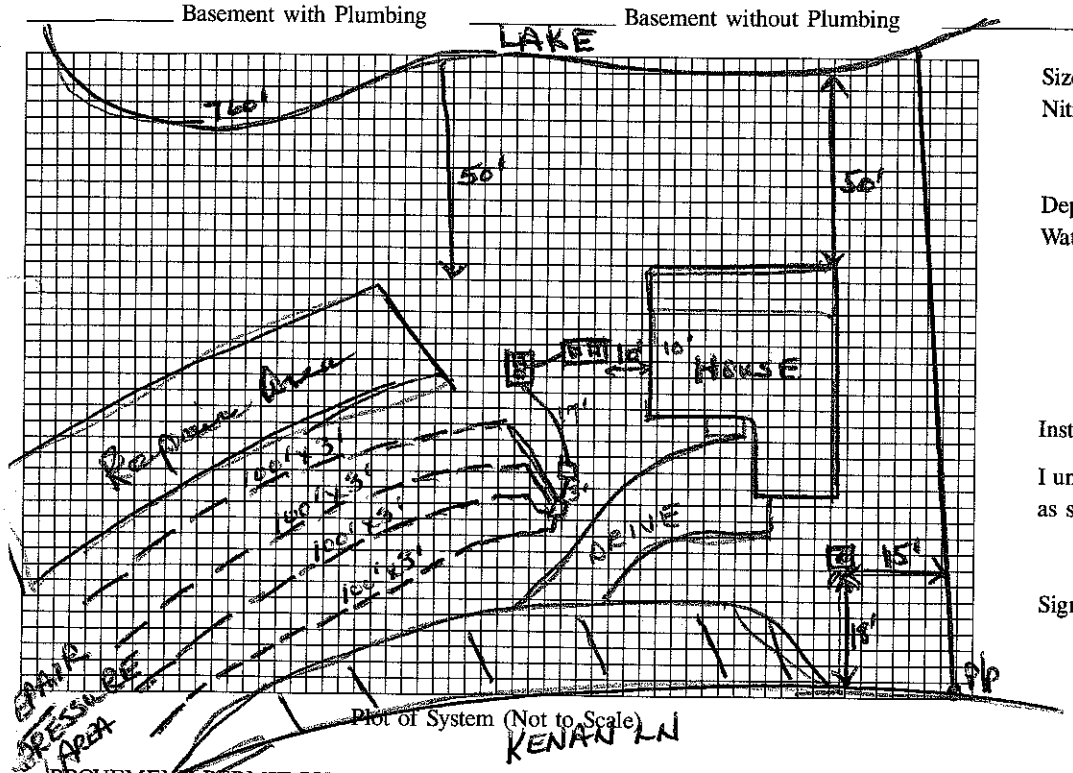
Nitrification Field:

No. of Lines 4 @ 100' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐



Plot of System (Not to Scale)

Installed by F J Ervin

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 _____

COMMENTS System installed in a manner to miss driveway. Trenches shallow - Lines on slope contour as shown here.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 3/31/93

SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

It 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