4638-43-3663

13429

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Allen E Cook DATE 3/25/92 PERMIT NO. 2P-4-A-118

PHONE: Business _____ Home 892-3045

LOCATION Normandy Rd, Perth Rd. TL on Normandy Rd. ~2 miles on ®

S.R. No. 1428

SUBDIVISION NAME C L + T LOT NO. 1094 SECTION OR BLOCK NO. 11

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 20,000 FT²

Soil Characteristics P - C (S-SP)

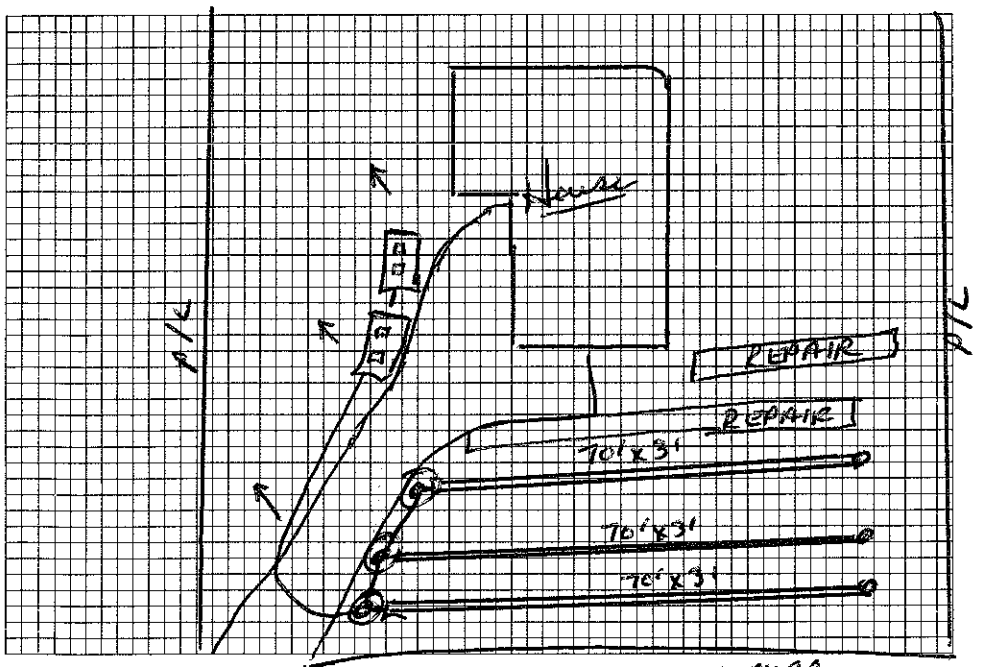
Application Rate P .3

Topography P Hgtly

Depth to Water Table >48"

Rock or other impervious formations None observed

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



Plot of System (Not to Scale) NORMANDY RD.

Size of Tank 1000-SIT 1087-P/T Gals.

Nitrification Field:

No. of Lines 3@ 70' x 2'

Sq. Ft. — Linear Ft. 210

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☑ Public ☐

Installed by Nelson Hathcock

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 _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 3/25/92

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