IREDELL COUNTY HEALTH DEPARTMENT

14257

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

4638 45 8200

OWNER OR CONTRACTOR Ronald P Mursey DATE 10/8/92 PERMIT NO. 2P-4A-173

PHONE: Business _____ Home _____

LOCATION Normandy Rd; on (L) approx. 1/2 mile from Peth Rd.

S.R. No. _____

SUBDIVISION NAME Lake Norman Air Park LOT NO. 19 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other HANGAR BLDG. - 1 BATH

No. Bedrooms 2 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 / SC TRANS.

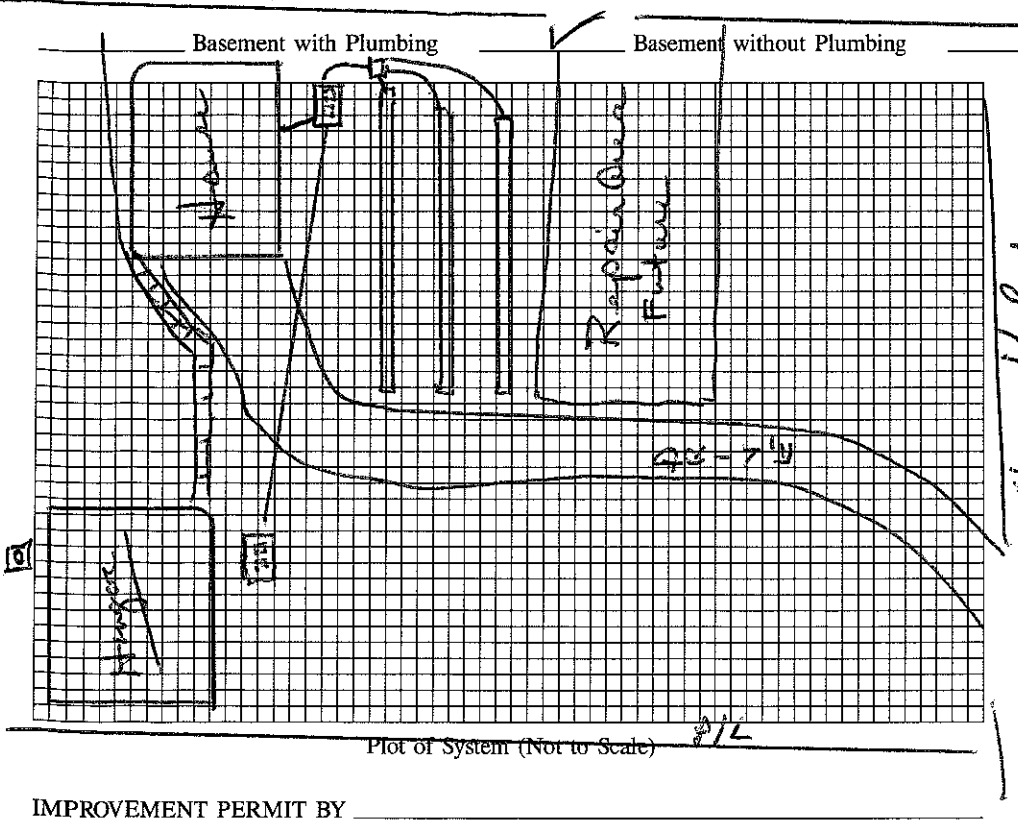
Application Rate P - .35 (44 - 1P)

Topography P - 5%

Depth to Water Table 5 - 43 - 45"

Rock or other impervious formations P - 45" TO SAPROLITE

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



Size of Tank 1000 / 1000 Gals.

Nitrification Field:

No. of Lines 3 (C) 60-61' X 21 *

Sq. Ft. 1080 Linear Ft. 180

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☑

Public ☐

* 16" PREFABRICATED PANEL BLOCK

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 DATE 10/8/92

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