14257

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Ronald P Murray DATE 6/18/92 PERMIT NO. 2P-4A-173

PHONE: Business _____ Home _____

LOCATION Normandy Rd., on (L) approx 1/2 mile from Perth Rd.

S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other HANGER BLDG.

No. Bedrooms 3 No. Bathrooms 3 Baths 1 Bath in HANGER

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 20,000 FT²

Soil Characteristics P - C/SC TRANSITION

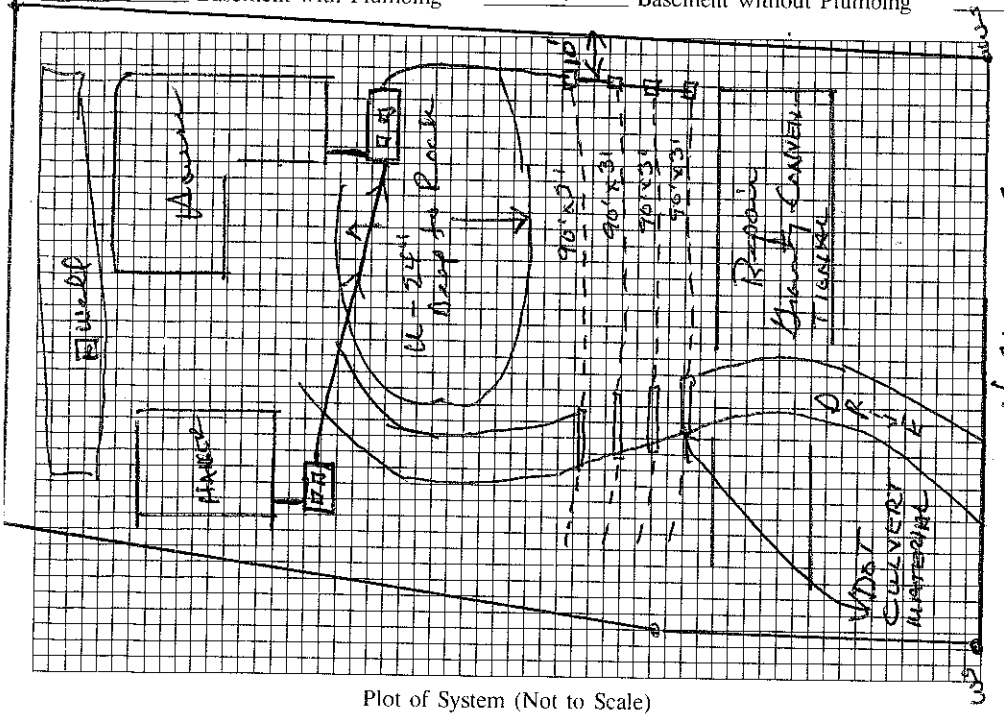
Application Rate P - .35 (SS - SP)

Topography P - 3% - 4%

Depth to Water Table S - 43-45"

Rock or other impervious formations P - 36-45" TO SAPROLITE

☑ Basement with Plumbing 1 Basement without Plumbing ☐ No Basement ☐ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 / HANGER ~~1000~~ 900 Gals.

Nitrification Field:

No. of Lines 4 @ 90'x3'

Sq. Ft. 1080 Linear Ft. 360

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED YET

Public ☐

Installed by _____

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

Signed: X Steve C Hoffman

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

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS Trenches on slope contour. Hanger to go through its own septic tank then to drainfield as shown. Trenches no deeper than 36".

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