15984

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR H+H CONTRACTORS (KOENING) DATE 3/17/93 PERMIT NO. 29-4-A-165

PHONE: Business _____ Home 892-9106

LOCATION Outside Lp. - LAKE NORMAN AIRPARK OFF NORMANDY RD.

S.R. No. _____

SUBDIVISION NAME LAKE NORMAN AIRPARK LOT NO. 11 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 1.7 AC

Soil Characteristics P - c/sic

Application Rate P - .3 (wk, si, ss)

Topography P - 3-8% IRREGULAR - ROLLING

Depth to Water Table S - 48"

Rock or other Impervious formations P - 39-40" TRANS MATERIAL

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

Size of Tank 1250 ST + 1250 PT Gals.

Nitrification Field:

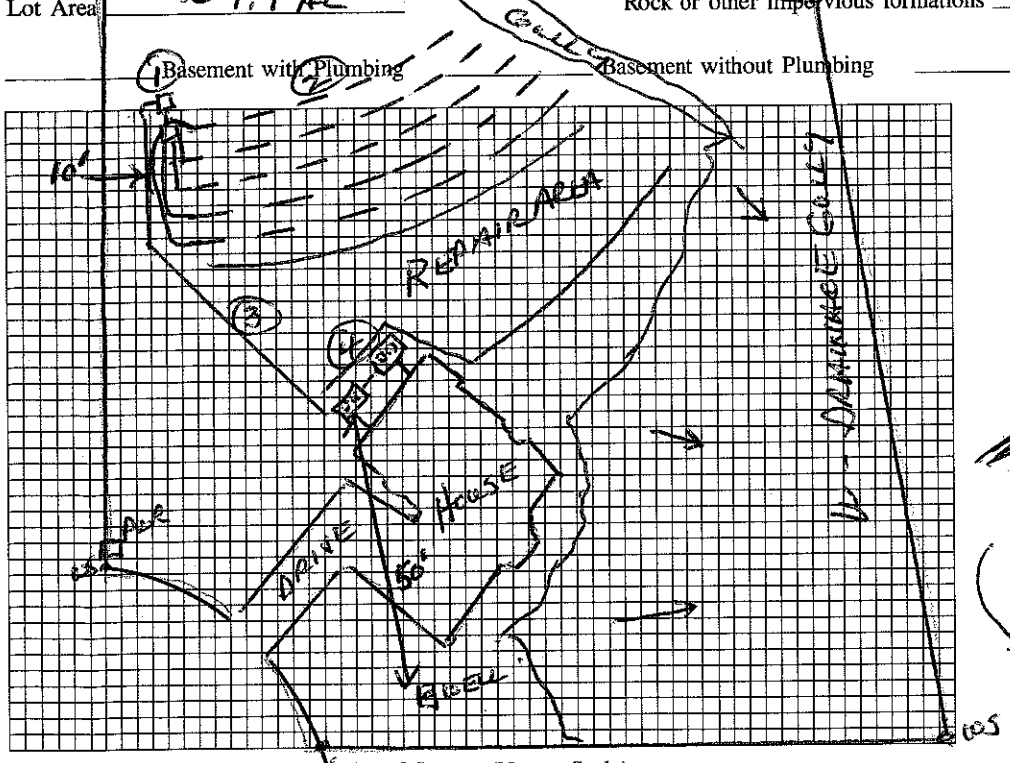
No. of Lines 5 @ 80' X 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED YET

Public ☐



Plot of System (Not to Scale)

Installed by _____

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

Signed: Pam Walker

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

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS (1) 2 DIST BOXES REQUIRED (2) 400 LIN FT CONN. DRAINFIELD (3) 1¼-1½ SCH40 PVC TIGHTLY GLUED JOINTS (4) SEPTIC TANK AND PUMP TANK SET TO EXCLUDE SURFACE WATER WASHOVER - SEAL RISERS WATER TIGHT

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