4638-54-5543

14837

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Warren Hilkert Builders DATE 9/8/92 PERMIT NO. 2A-4-A-166

PHONE: Business 873-9516 Home

LOCATION Normandy Rd. TL on Outside Loop to first lot on (R) on corner

SUBDIVISION NAME Lake Norman Air Park S.R. No.

LOT NO. 12 SECTION OR BLOCK NO. 1

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 > 20,000 FT²

Soil Characteristics P - c/c TRANS.

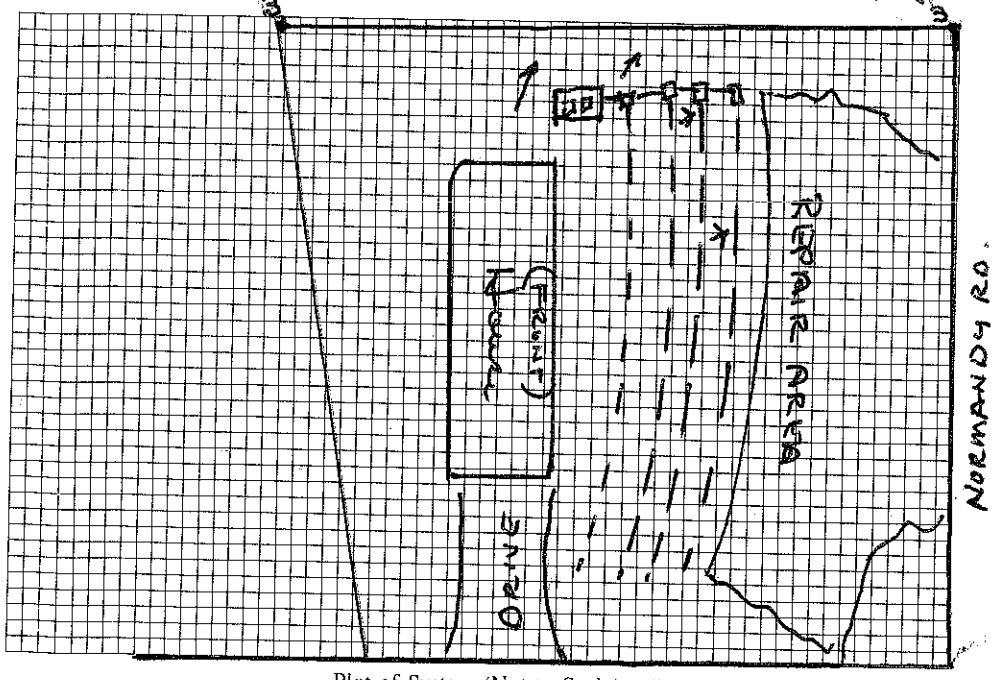
Application Rate P - .35 (wk, sbk, ss, sp.)

Topography P - 4-5%

Depth to Water Table S - >48"

Rock or other impervious formations P - 36-48" to TRANS.

____ Basement with Plumbing __✓__ Basement without Plumbing ____ No Basement ____ Crawl Space



Plot of System (Not to Scale) OUTSIDE LP

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 80-94' x 3'

Sq. Ft. 1028 Linear Ft. 342

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Tom Frye

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 Trenches shallow as possible - no deeper than 36" to trench bottom.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 9/8/92

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