Mgmt - Tim Bannister 1-97

13890

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

4646-07-0678

OWNER OR CONTRACTOR Kerry Miller DATE 9/16/92 PERMIT NO. 2K-11-A-13

PHONE: Business _____ Home 568-8099

LOCATION Wooddeck Loop, (L) off Conoesback onto first Wooddeck ~1/4 mile on (L) below roadway

SUBDIVISION NAME Lakeside Farms LOT NO. 13 SECTION OR BLOCK NO. 1 S.R. No. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 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

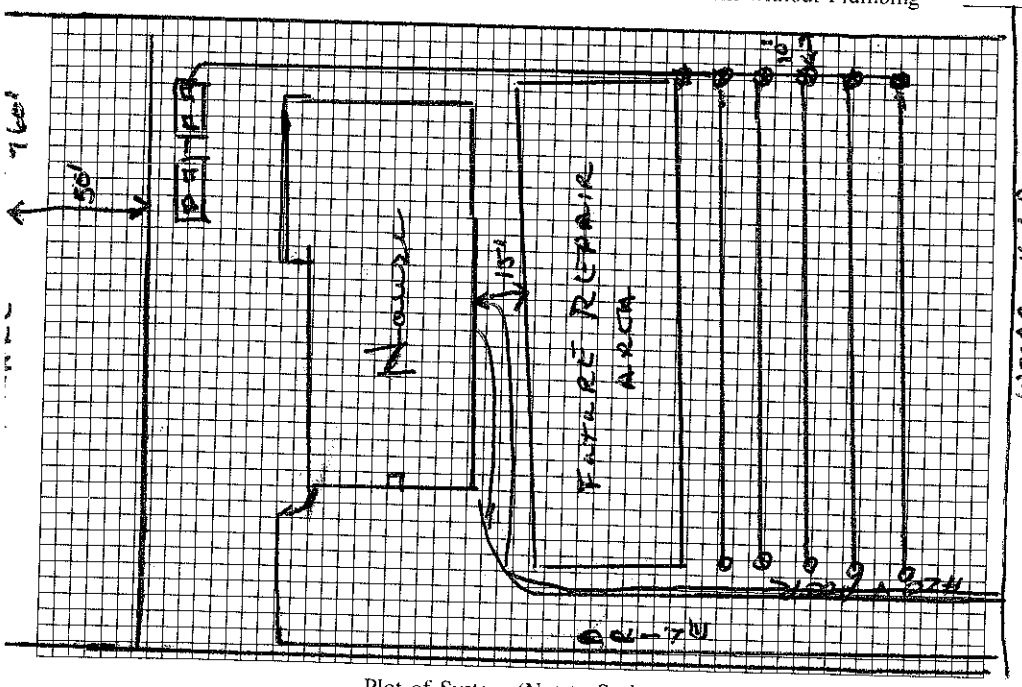
Application Rate P - .4 (.45)

Topography P - 5-8%

Depth to Water Table 5 > 48"

Rock or other impervious formations 5 - None observed

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



Plot of System (Not to Scale)

Size of Tank 1000 Septic Tank 1000 Pump Tank Gals.

Nitrification Field:

No. of Lines 5 @ 60' x 2'

Sq. Ft. _____ Linear Ft. 300'

Depth of Stone in Lines 6" SAND AGGR

Water Supply: Individual ☐ Public ☑

Installed by Richard Abernathy

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.)

OPERATIONS PERMIT

IMPROVEMENT PERMIT BY _____

COMMENTS 1 1/4 PVC - 3/16" on Centers of each panel. Trenches shallow > 30" to trench to Horns

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 9/16/92

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