14020

IREDELL COUNTY HEALTH DEPARTMENT

4646 09-5556

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Hofmeth Const. Co. DATE 5/4/92 PERMIT NO. 2K-19-A-2

PHONE: Business _____ Home 664-3825

LOCATION Farmstead - Brawley Sch. TL, TR to last house on (R) before intersection with road.

SUBDIVISION NAME Farmstead LOT NO. 20 SECTION OR BLOCK NO. _____ S.R. No. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 20,000 FT 2

Soil Characteristics P - SIC + TRANS

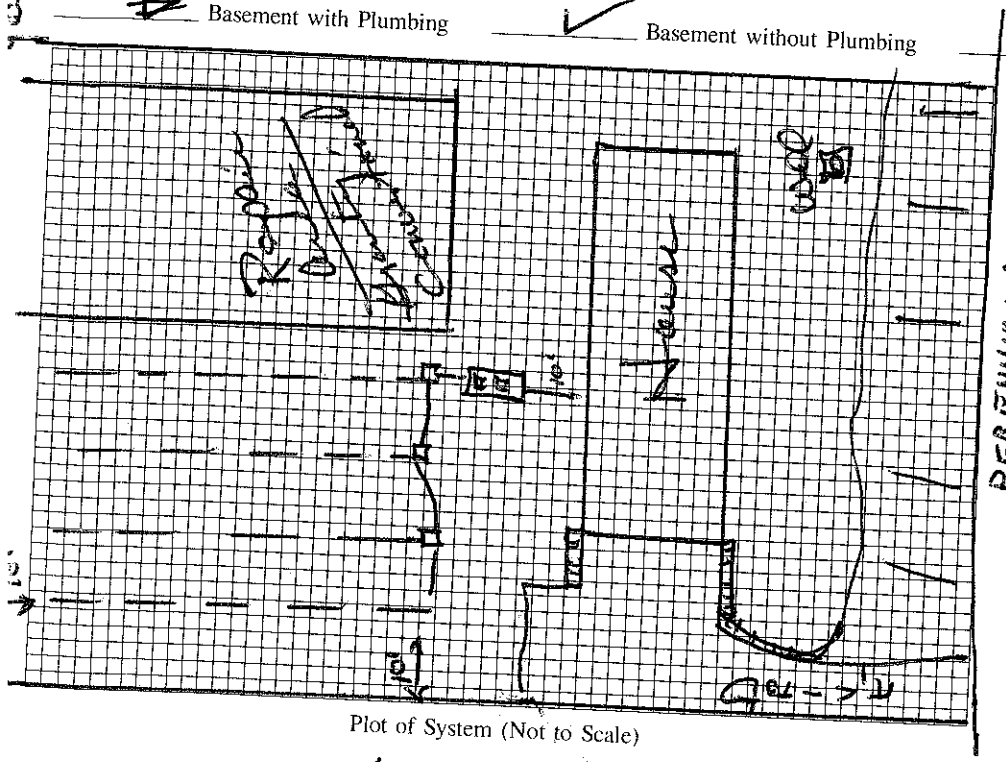
Application Rate P. : 3 (line - 55)

Topography 5

Depth to Water Table > 48" | P - 30%

Rock or other impervious formations None - S

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 100' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Mike Leager

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 tws

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 5/4/92

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