Type 4

13891

IREDELL COUNTY HEALTH DEPARTMENT

4649 350450

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Steve Rotman DATE 6/1/92 PERMIT NO. 2P-6-A-74

PHONE: Business _____ Home 704 483-3580

LOCATION Big Indian Loop, 1st entrance, around sharp left turn to ~1/4 mile on (R) S.R. No. _____

SUBDIVISION NAME CL+T LOT NO. 74 SECTION OR BLOCK NO. 12

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 Existing

Soil Characteristics P - C trans

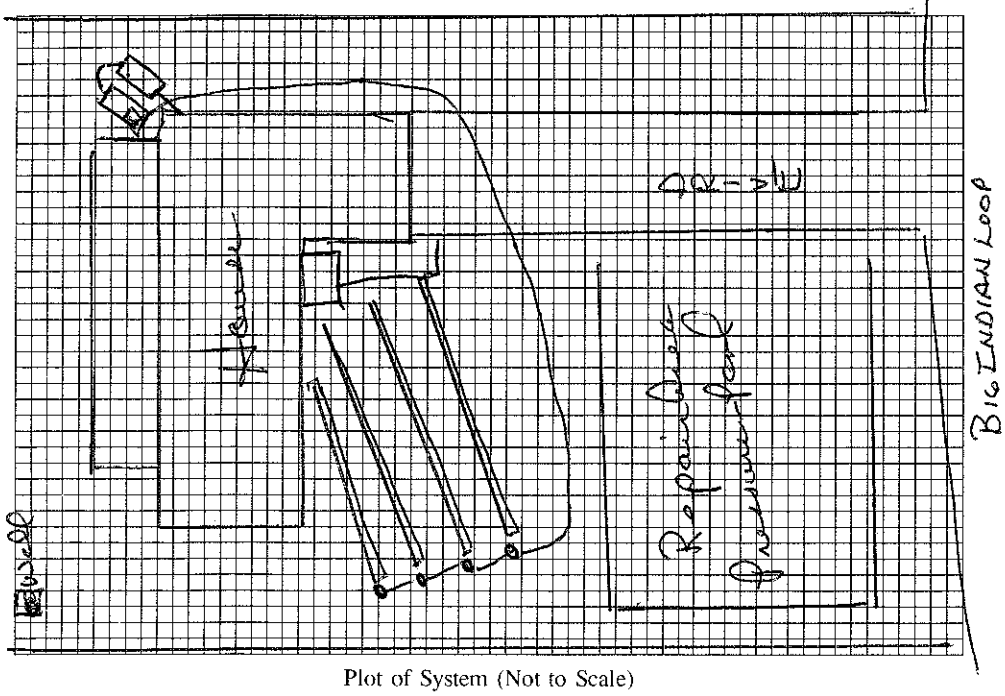
Application Rate P - .4

Topography P 2%

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 1000/1000 Gals.

Nitrification Field:

No. of Lines 4@50'x2'

Sq. Ft. _____ Linear Ft. 200 ±

Depth of Stone in Lines _____

Water Supply: Individual ☑ Public ☐

± 16" Pressure Panel

Installed by Bob MacLeod

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 4/20/92 Drainlines completed

Pressure adjusted on drainfield to 2' pressure head at end of each lateral.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 6/1/92

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