13877

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Odell Stamey DATE 6/12/92 PERMIT NO. 3F-11A-19+20

PHONE: Business _____ Home 932-6195

LOCATION 150 W TR 1303 (Peth Rd) TR Knotty Pine Home (~1/4 mile on (R) at the cul de sac.) S.R. No. _____

SUBDIVISION NAME Knotty Pine LOT NO. 19+20 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other Site approved for LPP w/ French Drain 18" Max. trench depth with 8" topsoil fill over original soil backfill.

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area _____

Soil Characteristics _____

Application Rate P - .125 gpd/sq ft.

Topography P - 7-37c

Depth to Water Table U - ~30" / P - with 18" INSTALLATION

Rock or other impervious formations P -

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

Septan to be located and installed in accordance with David Roberts P.E. site plan and specifications. No variance acceptable from plan without written consent from D. Roberts and Iredell Co. Health Dept. representatives.

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines 9

Sq. Ft. 2875 Linear Ft. 575

Depth of Stone in Lines 4" 3/8-1" WASHED

Water Supply: Individual ☑ NOT DRILLED YET.

Public ☐

NOTE LOCATION FROM SITE PLAN BY DAVID ROBERTS.

Installed by _____

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.)

Plot of System (Not to Scale)

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS Engineer must provide written approval to HD. before Operations Permit may be issued.

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