14322

IREDELL COUNTY HEALTH DEPARTMENT

~~4654~~ 4654-98-2592

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Bob Honeycutt DATE 7/7/92 PERMIT NO. IC-8-A-2

PHONE: Business _____ Home _____

LOCATION Presbyterian Rd. TL of 1155 on (R) just before creek

S.R. No. _____

SUBDIVISION NAME Hillcreek LOT NO. 2 SECTION OR BLOCK 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 2+/AC

Soil Characteristics P - c l / c

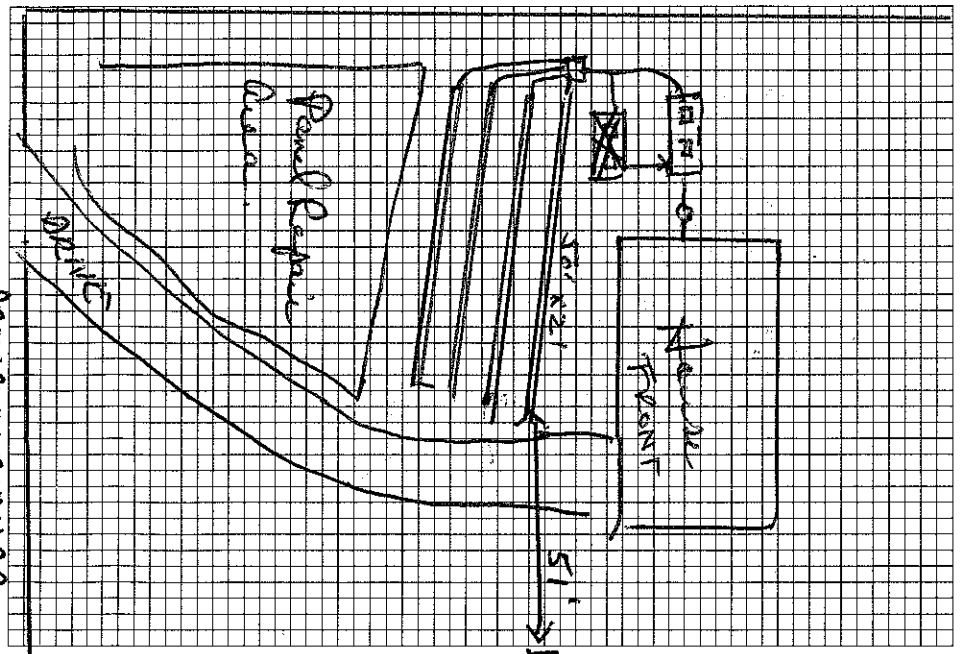
Application Rate P .3

Topography P - 4-5%

Depth to Water Table S - >48"

Rock or other impervious formations S - None found

_____ 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@50'x21'

Sq. Ft. _____ Linear Ft. 200 ft

Depth of Stone in Lines 6" STAND

Water Supply: Individual ☑ Public ☐

16" PVC Drain Lines

Installed by F.T. Erwin

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 _____

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 7/2/92

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