4655-59-9544

IREDELL COUNTY HEALTH DEPARTMENT

Repair

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Larry Cockrell DATE 12/8/92 PERMIT NO. Repair

PHONE: Business _____ Home 463-7252

LOCATION Saddle Rd, 115 S TL on Mackwood TR on Saddle at FJ's shop to 7th house on (L) S.R. No. _____

SUBDIVISION NAME — ARCHIE MILLER LOT NO. — 5 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing

Soil Characteristics P - C - CTRANS

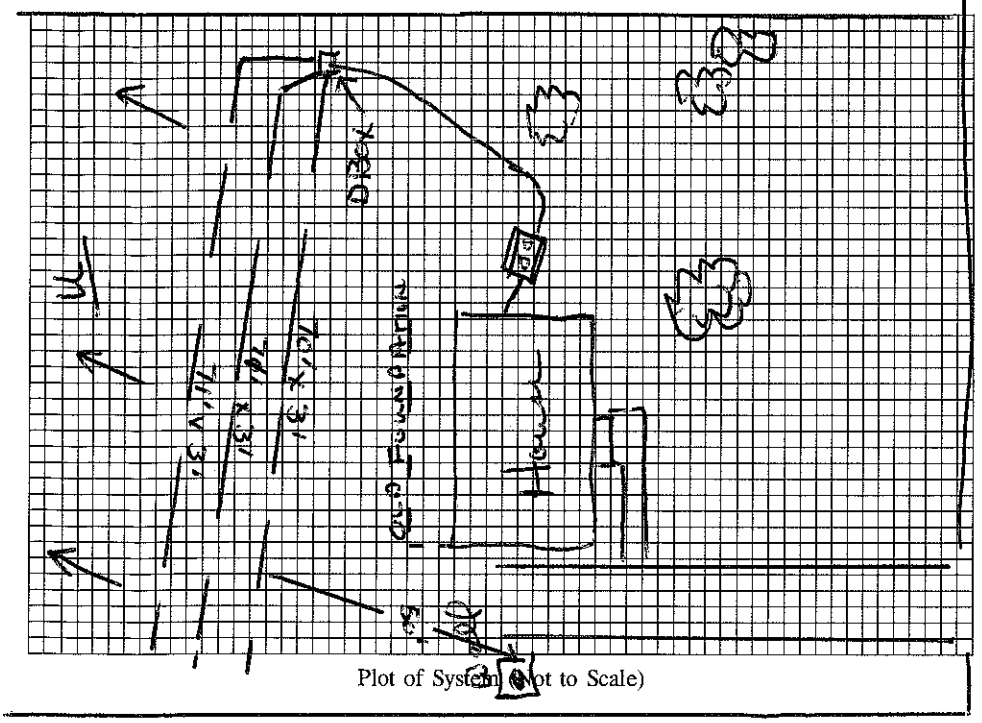
Application Rate P - .35 (56K, SP, SS)

Topography P - 8-11%

Depth to Water Table 5 > 48"

Rock or other impervious formations P > 36" < 48" TRANS

_____ 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 3 @ 71' x 3'

Sq. Ft. 633 Linear Ft. 212

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by TW Cummins

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 3 BR

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 12/8/92

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