4657384604

IREDELL COUNTY HEALTH DEPARTMENT

1580

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Terry Waggoner DATE Aug. 21, '92 PERMIT NO. 12-5-A-11

PHONE: Business _____ Home _____

LOCATION US 21 N. TR Cates Rd. 1ST lot on right

S.R. No. _____

SUBDIVISION NAME Summerchase LOT NO. 11 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 .78AC

Soil Characteristics ps clay loams.

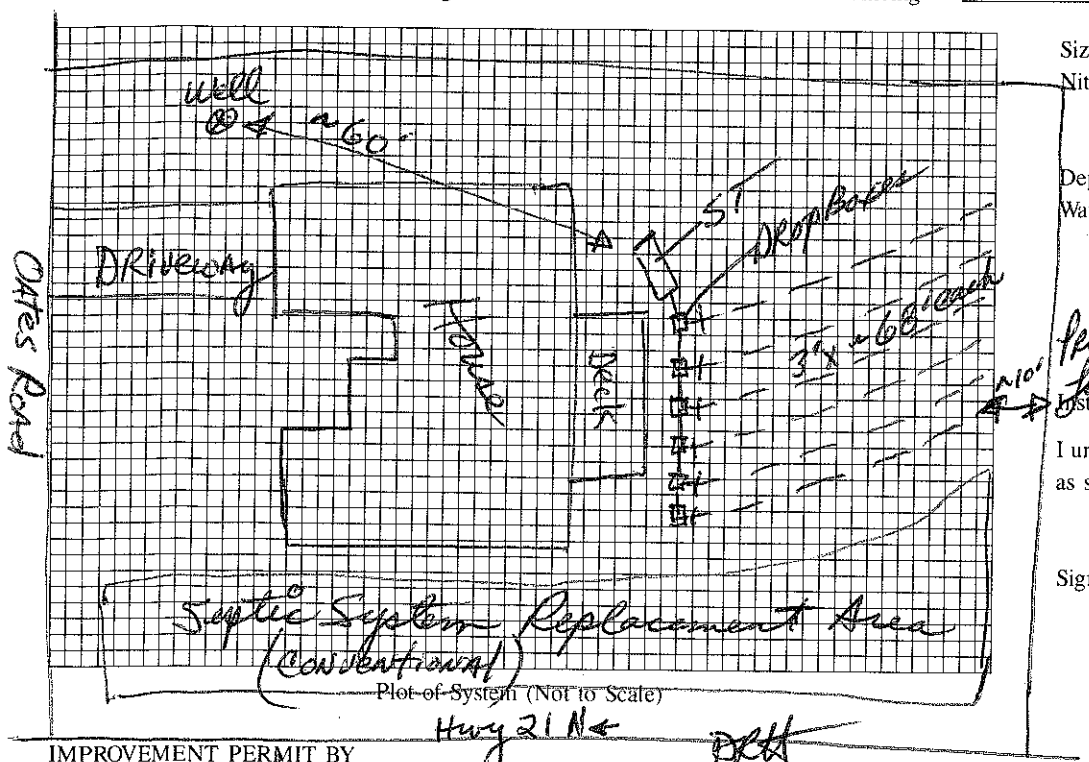
Application Rate .39gal/ft²/day

Topography 2 4%

Depth to Water Table >4'

Rock or other impervious formations none obs.

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



Plot of System (Not to Scale)

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 6

Sq. Ft. 1200± Linear Ft. 400±

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by J Jerome

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 Deck not constructed as of this date.

CERTIFICATE OF COMPLETION BY D R Jerome, RS DATE 8/21/92

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