15466

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Jill + Michael Rancit DATE 3/19/93 PERMIT NO. 4D-A-17

PHONE: Business _____ Home 528-9449

LOCATION Freeze Dr. off 115N on (R)

SUBDIVISION NAME Freeze Crossing S.R. No. _____

LOT NO. 27 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ D/W Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~20,000 FT2

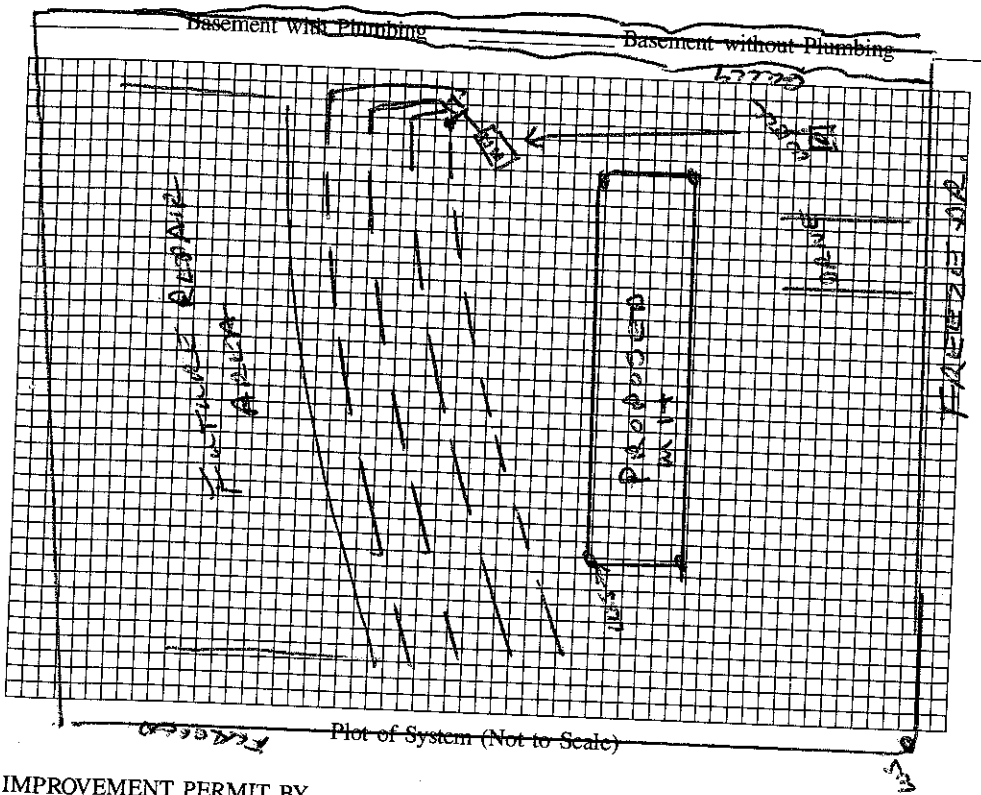
Soil Characteristics P - c / sa c

Application Rate P - .25-.3 (wk, ss, sp)

Topography P - 40%

Depth to Water Table S - 48"

Rock or other impervious formations S - None observed



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 100' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ As Shown

Public ☐

Installed by Larry Powell

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 ① Trailer not on site, staked off
Well drilled but not finished off - as shown

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 3/19/93

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