14316

IREDELL COUNTY HEALTH DEPARTMENT

4659-45
7/04

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Gregory T. Parsons DATE 4/30/92 PERMIT NO. 4E4A11

PHONE: Business _____ Home _____

LOCATION 115N - TR on Freeze Crossing Rd. to end on (L)

S.R. No. _____

SUBDIVISION NAME Freeze Crossing 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 29,000 FT²

Soil Characteristics P - C - SiC

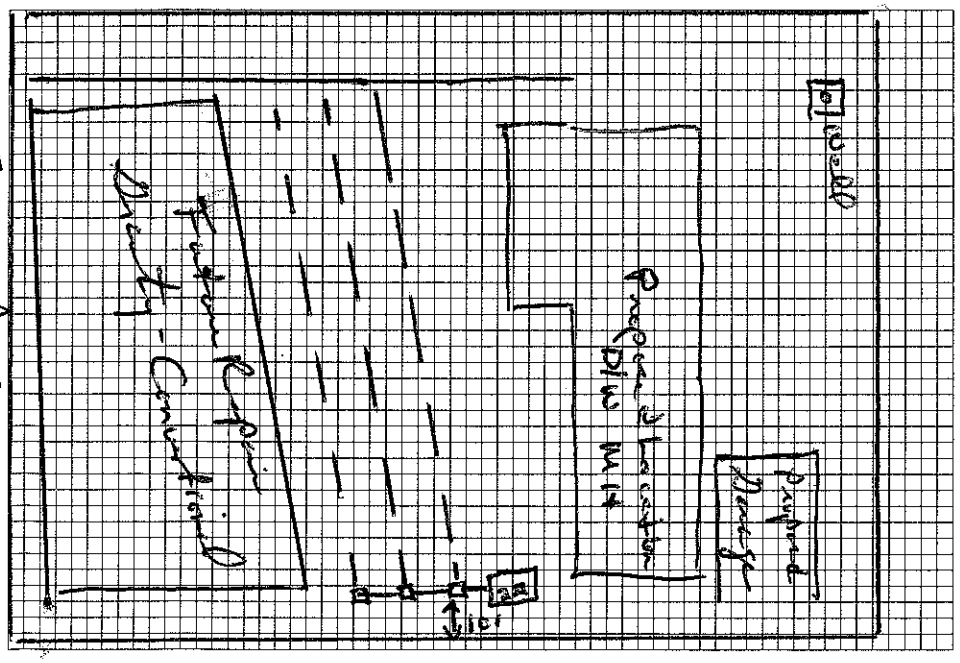
Application Rate P - .35 (0 - 10)

Topography P - 3%

Depth to Water Table 5 - >48"

Rock or other impervious formations 5 - None Encountered

_____ 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 @ 115 x 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by West Lincoln Grading

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 Drop boxes as shown

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 4/30/92

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