4668-St
8784

1701

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Footwedt DATE July 30, '92 PERMIT NO. IN11#23

PHONE: Business _____ Home _____

LOCATION Overhead Bridge Rd Turn into Highland Crossing on right corner lot with Bugaloom Dr. S.R. No. _____

SUBDIVISION NAME Highland Crossing LOT NO. 23 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 40,000 ft²

Soil Characteristics psday

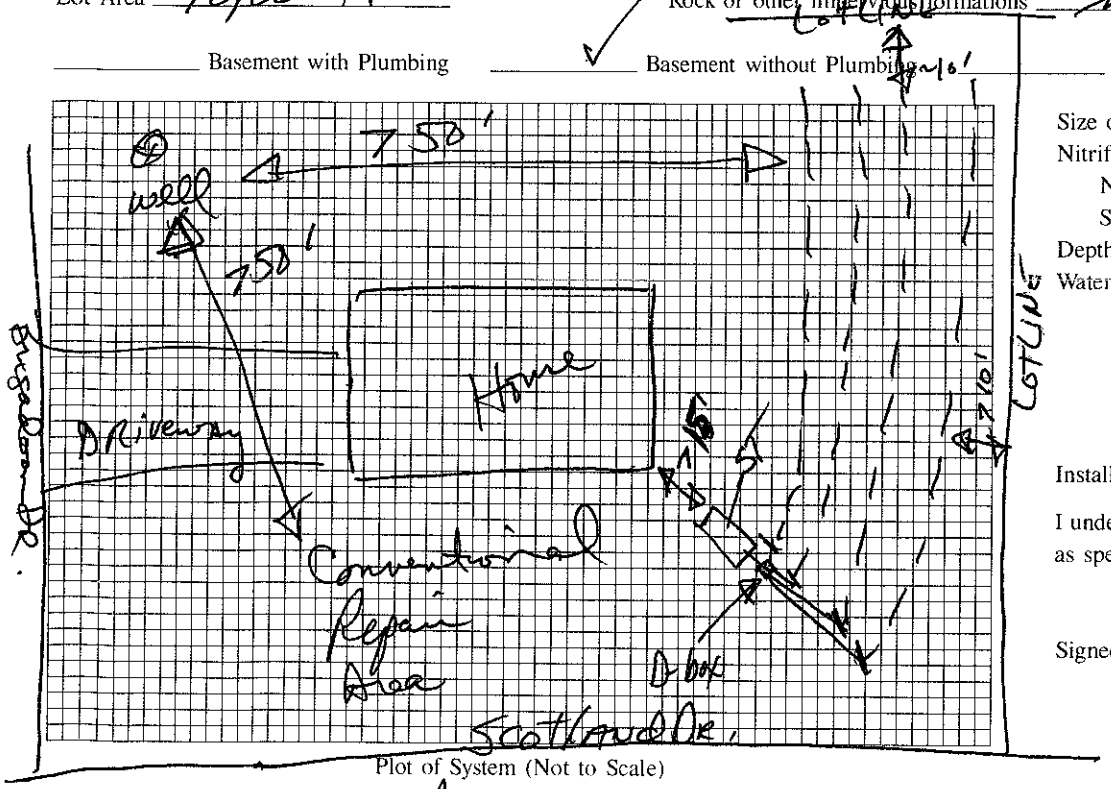
Application Rate .3

Topography 2-4%

Depth to Water Table 76

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 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. ~1600 Linear Ft. 533

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by R&R Mayfield

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 AWS

COMMENTS _____

CERTIFICATE OF COMPLETION BY DR Hamm, RS DATE 7/30/92

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