14867

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Carl Adams DATE 9/1/92 PERMIT NO. 1EA2

PHONE: Business _____ Home 663-0686

LOCATION Enochville Rd; Coddle Creek Rd; TR after 4th house on R

S.R. No. _____

SUBDIVISION NAME Quail Run II LOT NO. 2 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☐ Business ☑ Other GARAGE/STORAGE 50GPD 2PEOPLE

No. Bedrooms 0 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☐ No ☑

Lot Area ACERAGE

Soil Characteristics P

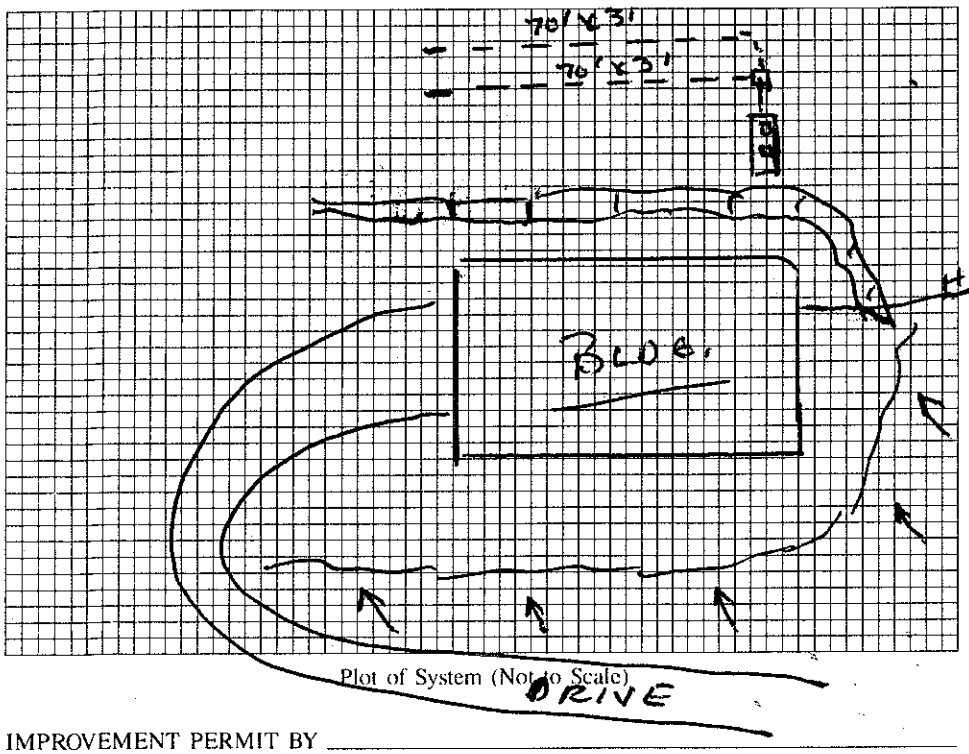
Application Rate P - .2 (sbk, wk, sp, F)

Topography P - 2%

Depth to Water Table P - 36-39"

Rock or other impervious formations P - cobbly

_____ Basement with Plumbing _____ Basement without Plumbing ✓ (SLAB) No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2 @ 70' x 3'

Sq. Ft. 420 Linear Ft. 140'

Depth of Stone in Lines 12"

Water Supply: Individual ☑ AT OLD HOUSE

Public ☐

Installed by Rawson Septic Tank

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 _____

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 9/1/92

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