15880

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Teddy Hensley Jr. DATE 4-28-93 PERMIT NO. 8M-7-A-10

PHONE: Business _____ Home 664-9304

LOCATION I40W TL old mtn Rd. TR Beulah Rd. Stay Straight Mock Mill Rd. TL Stonewood Dr. Lot on L after 5th house S.R. No. _____

SUBDIVISION NAME Stonewood S/D LOT NO. 10 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ±100' X 250'

Soil Characteristics P.S. Clay

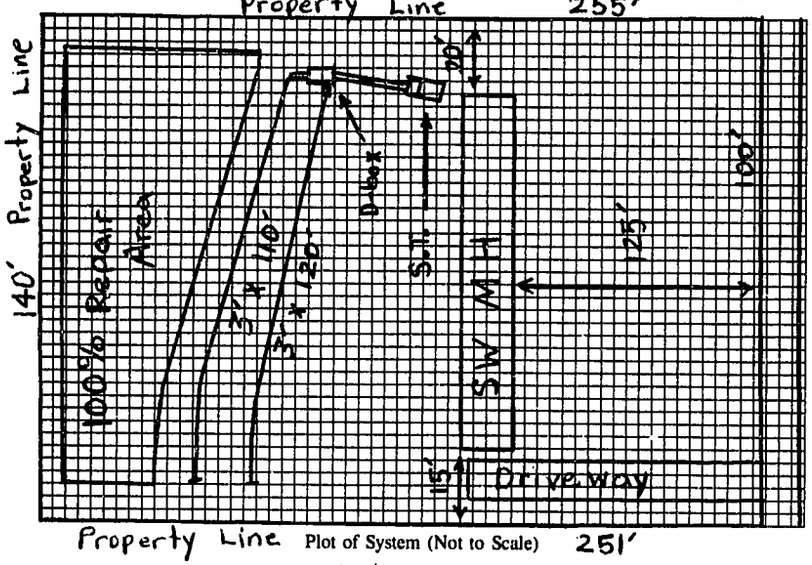
Application Rate .35 gpd / ft²

Topography 2-5% L

Depth to Water Table >4'

Rock or other impervious formations NA

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



Plot of System (Not to Scale)

Size of Tank 1000 (3-18-93) Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 690 Linear Ft. 230'

Depth of Stone in Lines 12"

Water Supply: Individual ☐

Public ☑ county H₂O

Installed by A-1 Backhoe

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 Michael J. Dennis

COMMENTS Fed top line first, 2nd line last. 100% Repair Area below system, conventional, gravity fed.

CERTIFICATE OF COMPLETION BY Michael J. Dennis DATE 4-28-93

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