15932

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Danny K. Hefner DATE 3-9-93 PERMIT NO. 8K-8-A-65

PHONE: Business _____ Home _____

LOCATION I40W TL old Mtn Rd. TL Bethlehem Rd. TL Austin Ln. TR Sonja Dr. 4th Lot on L S.R. No. _____

SUBDIVISION NAME Mountain Road Village LOT NO. 65 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 ~230 x 120'

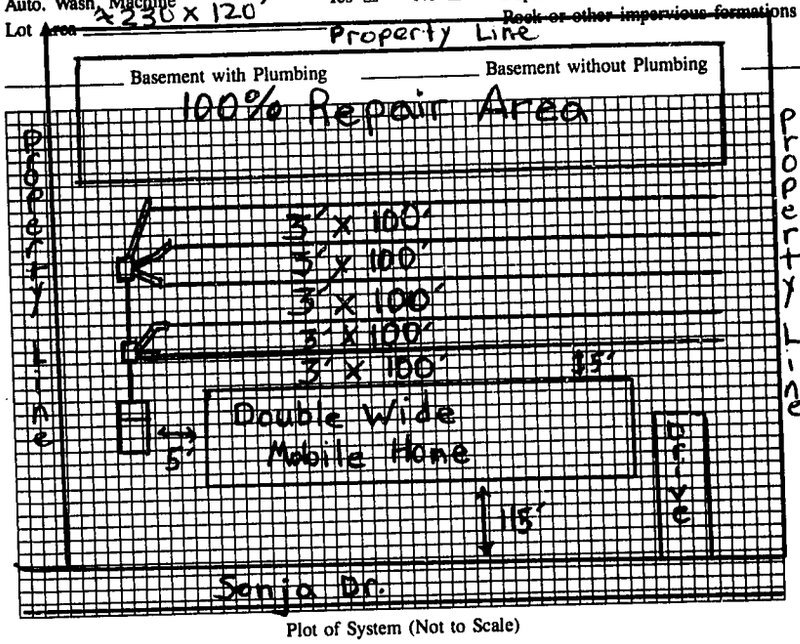
Soil Characteristics PS. Claycy

Application Rate .3 gpd/ft²

Topography 2-4% 2, >4'

Depth to Water Table >4'

~~Rock or other impervious formations~~ NA



Plot of System (Not to Scale)

_____ No Basement ✓ Crawl Space

Size of Tank 1250 (11-10-92) Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1500 Linear Ft. 500'

Depth of Stone in Lines 12

Water Supply: Individual ☐ Public ☑ County Water

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 Mike Dennis

COMMENTS Recommended that Surface diversion drains be Put in above home to reroute surface drainage. This work was not completed, but I was told they still plan to do so. 100% Repair, Conventional, gravity fed. Keep home min. 5' from any part of Septic System.

CERTIFICATE OF COMPLETION BY Michael J. Dennis DATE 3-9-93

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