(872-0921) 44529

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15078 MIKE WOOD

OWNER OR CONTRACTOR SUNWOOD BUILDERS DATE 10/27/92 PERMIT NO. 8K-3A 57/68

PHONE: Business _____ Home _____

LOCATION US 70 W TR ASHBROOK ROAD, TR ~ ¼ M ON KARMAN LANE, AT END ON (L)

S.R. No. _____

SUBDIVISION NAME PINEY BROOK DEV' LOT NO. 5 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area AMPLE

Soil Characteristics PS

Application Rate 0.4 GPD / FT²

Topography 2-6 %

Depth to Water Table 74'

Rock or other impervious formations NONE

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

TP 8/1/92

Size of Tank 1000 Gals.

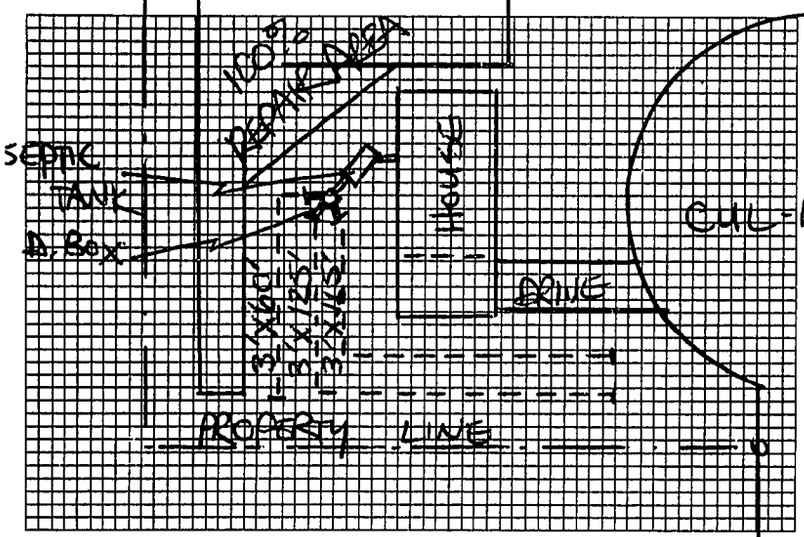
Nitrification Field:

No. of Lines 3

Sq. Ft. 400 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑



Plot of System (Not to Scale)

Installed by TOMMY FRYE

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 STEVE BROWN

COMMENTS REPAIR AREA IS 100% CONVENTIONAL, PUMP-FED.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 10/27/92

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