Diana Hitchcock

15789

IREDELL COUNTY HEALTH DEPARTMENT

46352

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR JAMES H. & DIANA K. BALLARD DATE 2/19/93 PERMIT NO. 93-12-A-9

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR LITTLE FARM ROAD, TL 1ST CEDAR RIDGE ENTRANCE, 4TH MH ON (L) S.R. No. _____

SUBDIVISION NAME CEDAR RIDGE LOT NO. 9 SECTION OR BLOCK NO. _____

D/W STEPDOWN

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 174' x 188'

Soil Characteristics PS

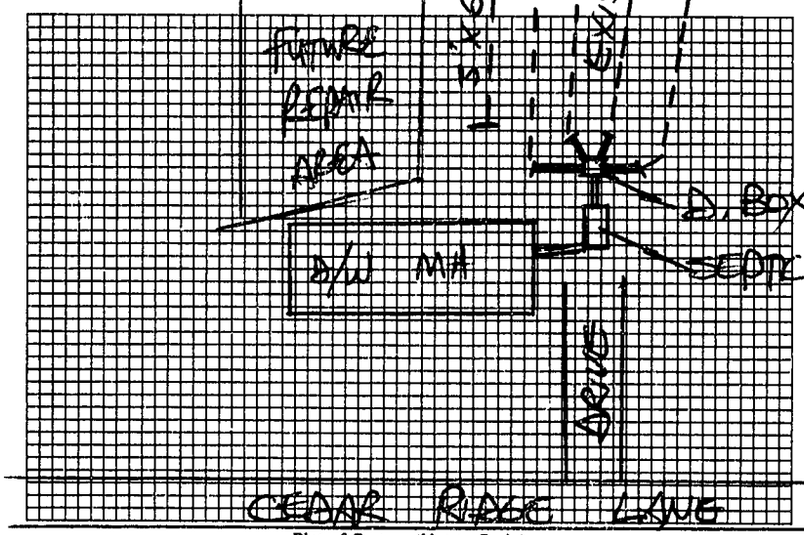
Application Rate 0.40 GPD / FT² LINEAR

Topography 2-4%

Depth to Water Table >4'

Rock or other impervious formations NONE

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



Plot of System (Not to Scale)

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 180 Linear Ft. 60

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by TOMMY COTHREN

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 HEDRICK

COMMENTS

(1) FUTURE REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED

(2) KEEP D/W MH MINIMUM 5' FROM SYSTEM

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 2/19/93

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