IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14448 OWNER OR CONTRACTOR ROY T. HUDNALL DATE 4/16/92 PERMIT NO. 92-A-74

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR LITTLE FARM ROAD, MH ON (R) BACK BEHIND EXISTING MH, ~ 1/4 MILE FROM NC 90. S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ DBL-WIDE Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area AMPLE

Soil Characteristics PS

Application Rate 0.35 GPD / FT²

Topography 4-6% HS

Depth to Water Table >4'

Rock or other impervious formations NONE

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

TP 3/1/92 Size of Tank 1000 Gals.

Nitrification Field:

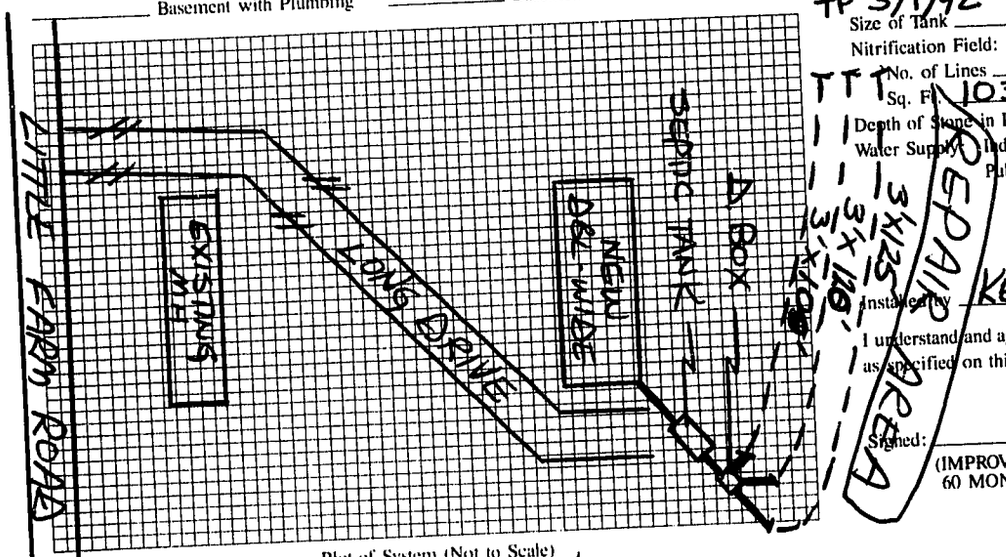
No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ POSSIBLE WELL

Public ☑



Plot of System (Not to Scale)

Installer(s) KEITH SPEECE

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 REPAIR AREA IS 100% CONVENTIONAL GRAVITY-FED. ② MH NOT ON SITE AT TIME OF INSPECTION, KEEP MH MINIMUM 5' FROM SYSTEM

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 4/16/92

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