IREDELL COUNTY HEALTH DEPARTMENT

14998 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR EARLIE HAGER DATE 8/11/92 PERMIT NO. PART OF 9K-A-77

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL MIDWAY ROAD, MHP ON (L) JUST BEFORE LIBERTY HILL ROAD

SUBDIVISION NAME MIDWAY ROAD MHP LOT NO. 19 S.R. No. _____ SECTION OR BLOCK NO. _____

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 AMPLE

Soil Characteristics PS

Application Rate 0.40 GPD/FT2

Topography 4-6% LINEAR SLOPE

Depth to Water Table >4'

Rock or other impervious formations SOME ROCK IN TRENCH BOTTOMS

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

TP 6/2/92

Size of Tank 1000 Gals.

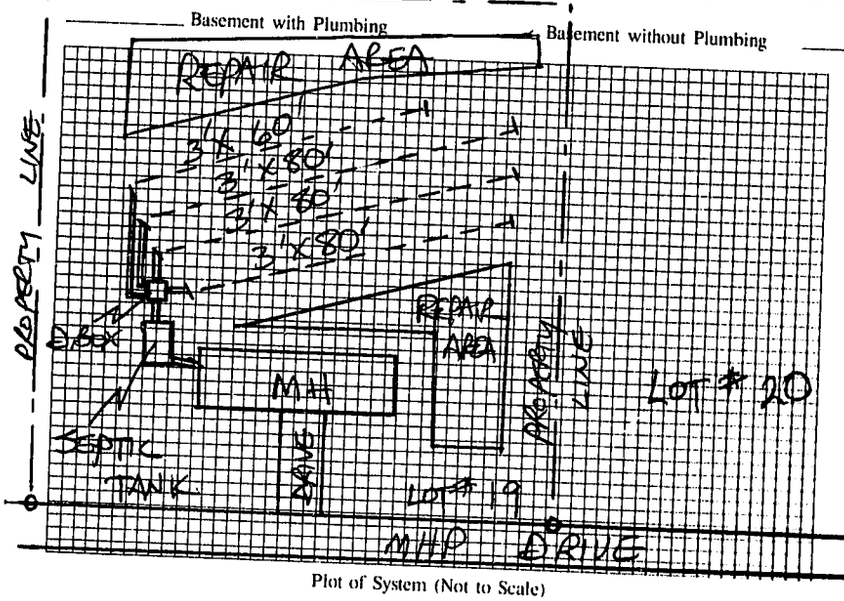
Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ✓



Plot of System (Not to Scale)

Installed by JAMES HUDGER

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 REPAIR AREA IS 100% CONVENTIONAL GRAVITY FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK

EXISTING SYSTEM CHECKED BY _____ DATE 8/11/92

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

DATE _____

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

MIDWAY ROAD SR 1554