IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15665

OWNER OR CONTRACTOR Allen Ronald Jones DATE 1/15/93 PERMIT NO. 9RA-81

PHONE: Business ______ Home ______

LOCATION NC 115 N, TL Midway Road, TR Cove Gap Road, on (R) ~ 1/4 mile, back off road S.R. No. ______

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

House ☐ Mobile Home ☑ S/W Business ☐ Other ______

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 14.0 acres

Soil Characteristics PS

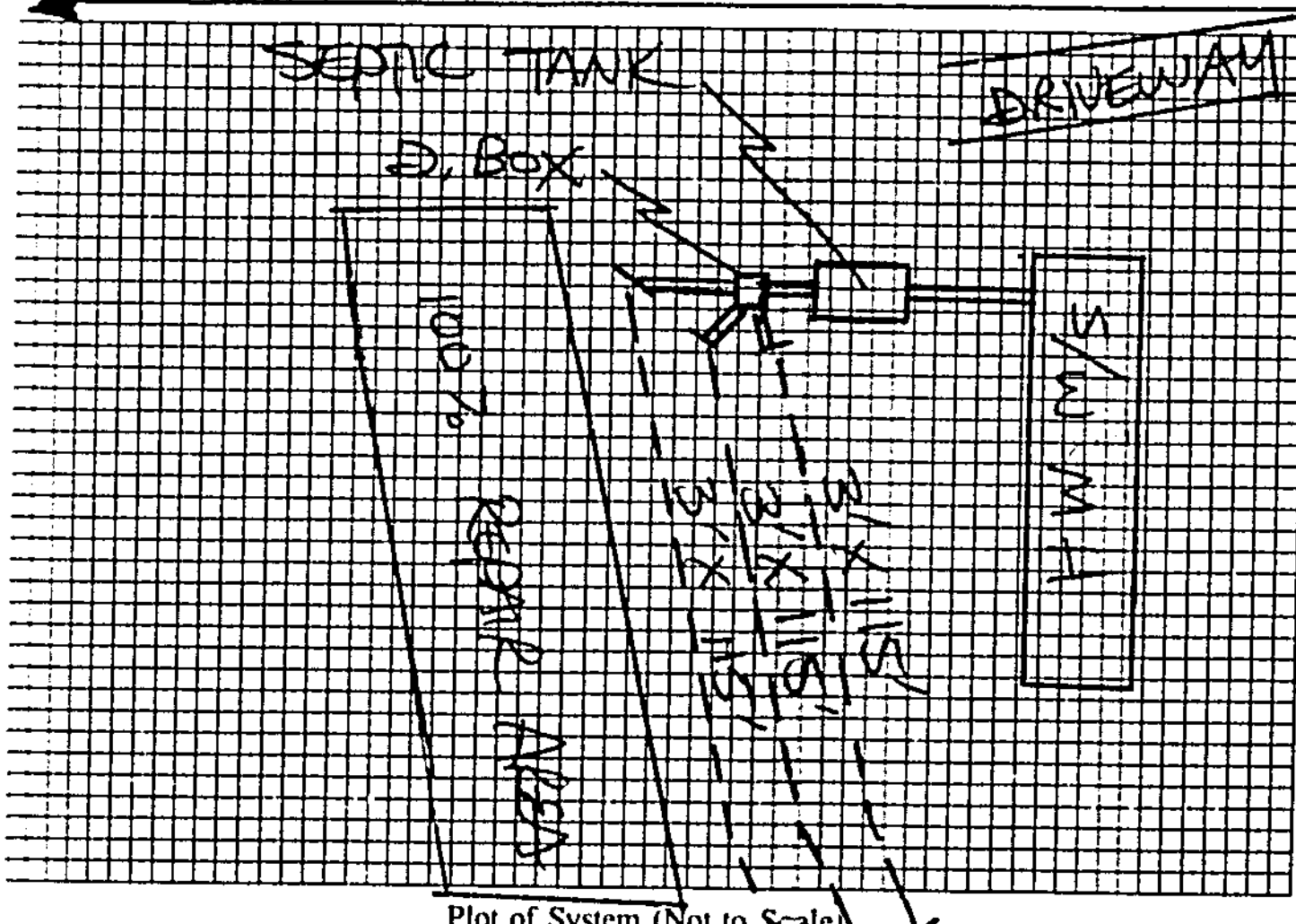
Application Rate 0.35 GPD/FT2

Topography 6-8% GPD/FT2

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 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Well

Public ☐

Potential well site

Cove Gap Rd

Installed by ______

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: Allen R. Jones

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Steve Hedrick

COMMENTS (1) Keep system minimum 5' from MH, 10' from property line, 100' from well, (2) Install lines on contour, no deeper than 36", 9' apart on center; (3) Repair area is 100% conventional, gravity-fed.

CERTIFICATE OF COMPLETION BY ______ DATE ______

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

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