IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15307

OWNER OR CONTRACTOR FRED D. SHERRILL DATE 10/16/92 PERMIT NO. 92-A-71

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL MIDWAY ROAD, TR LIBERTY HILL ROAD, ON (R) DIRECTLY ACROSS FROM ABNER ROAD INTERSECTION S.R. No. _____

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

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 1 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 19,283

Soil Characteristics PS

Application Rate 0.40 GPD/FT² 2-4% LINEAR

Topography

Depth to Water Table >4'

Rock or other impervious formations NONE

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

Size of Tank 1000 Gals.

Nitrification Field:

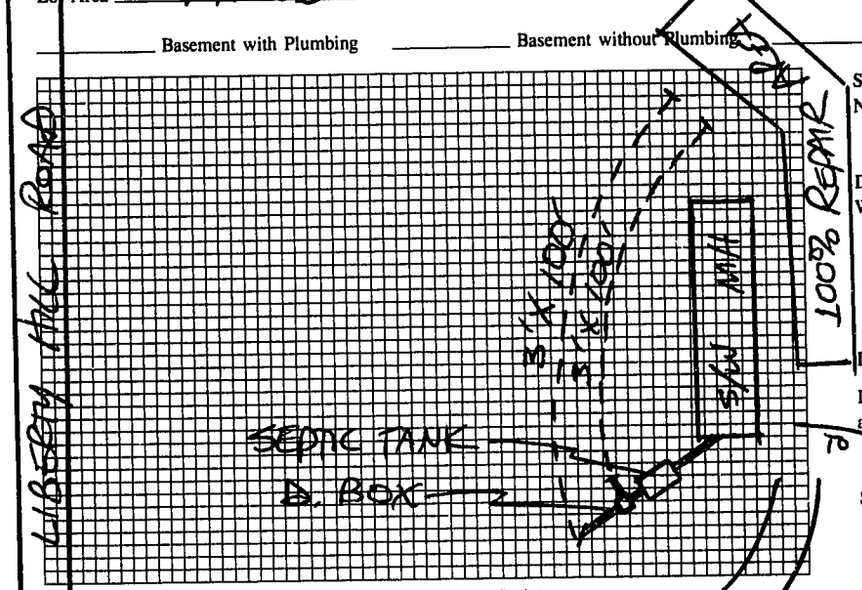
No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL TO BE LOCATED

Public ☐



Plot of System (Not to Scale)

Installed by JAMES HAILER

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 DATE 10/16/92

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