14374

42803

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR KEITH CARROLL DATE 7-31-92. PERMIT NO 6C-6A-24.

PHONE: Business _____ Home _____

LOCATION Old Mtn. Rd. south of Kyles Xing - go ½ mi. + T.L. into dev. - 3rd lot on left. S.R. No. _____

SUBDIVISION NAME LIPPARD SPRINGS DEV. LOT NO. 35. SECTION OR BLOCK NO. _____

House [X] Mobile Home [ ] Business [ ] Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes [ ] No [X]

Auto. Dishwasher Yes [X] No [ ]

Auto. Wash. Machine Yes [X] No [ ]

Lot Area 120' x 200'

Soil Characteristics Prev. Suitable.

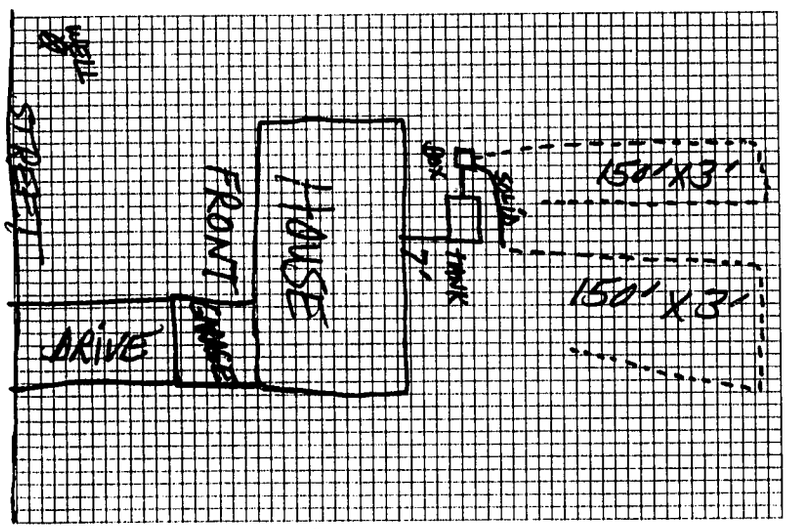
Application Rate .6 gal./sq. ft.

Topography 2-8%

Depth to Water Table 10+

Rock or other impervious formations none observed.

_____ 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 2

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual [X] Public [ ]

Installed by Nelson Haitcap

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 Brown

COMMENTS _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 7-31-92.

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