## IREDELL COUNTY HEALTH DEPARTMENT

14520 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR KEITH CARROLL DATE 12/31/92 PERMIT NO. 6C-6A-93

PHONE: Business _____ Home _____

LOCATION I-40W, TL OLD MOUNTAIN ROAD, PAST KYLES X-ROAD ~ 3/8 MI TL LIPPARD SPRINGS S/D, TR 1ST STREET, 4TH SR. HOUSE ON ®

SUBDIVISION NAME LIPPARD SPRINGS LOT NO. 14 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 6% TO LINEAR

Depth to Water Table >4'

Rock or other impervious formations NONE

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

RST 11/11/92

Size of Tank 1000 Gals.

Nitrification Field:

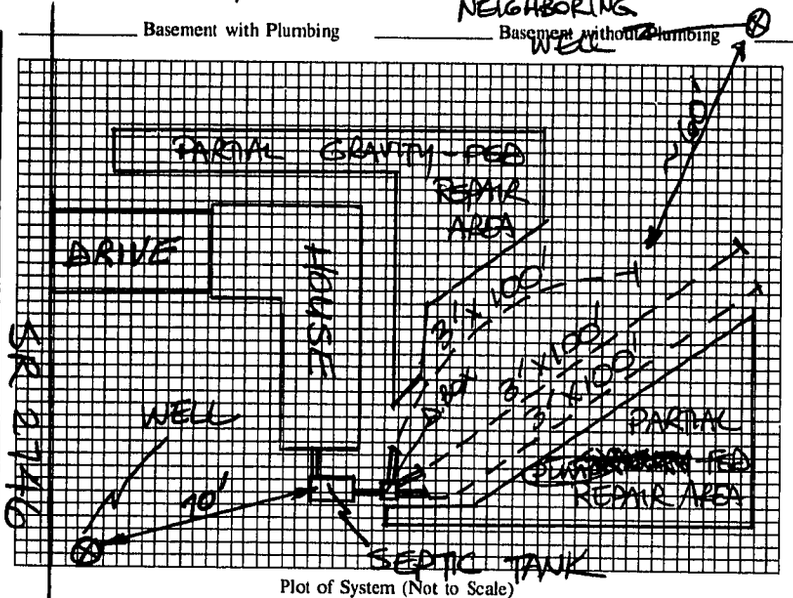
No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐




Plot of System (Not to Scale)

Installed by NELSON HATHCOX

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 REPAIR AREA IS 100% CONVENTIONAL, PARTIAL GRAVITY, PARTIAL PUMP FED.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 12/31/92

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

SR 2145