IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15582

OWNER OR CONTRACTOR WAYNE G. DEAL, SR DATE 4/30/93 PERMIT NO. 93-B-23

PHONE: Business _____ Home _____

LOCATION NC 90 W, TL ABSHER FARM ROAD, ~800' ON (R)

S.R. No. _____

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

DUPLEX

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 34,979 Ft²

Soil Characteristics PS

Application Rate 0.33 GPD / FT² LINEAR

Topography 6-8%

Depth to Water Table >4

Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing ACP 3/11/93 No Basement ✓ Crawl Space

ACP 3/11/93 Size of Tank 2 x 1000 Gals.

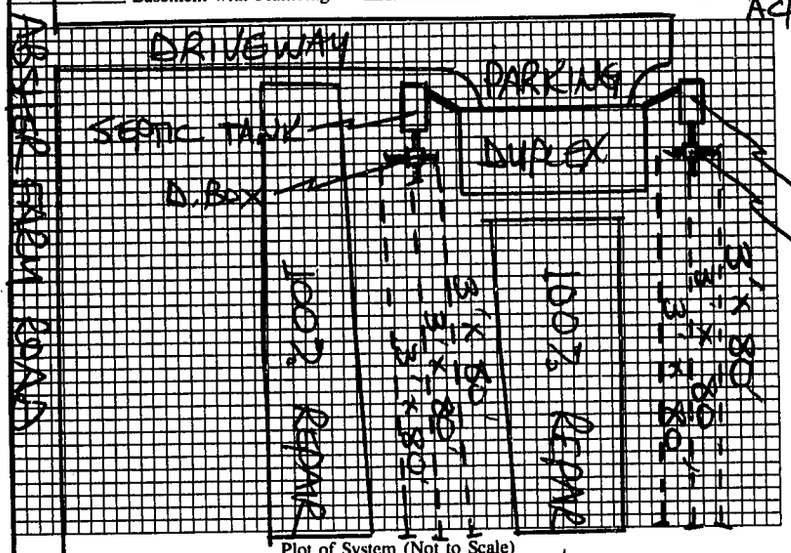
Nitrification Field:

No. of Lines 6

Sq. Ft. 1440 Linear Ft. 480

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑



Plot of System (Not to Scale)

Installed by DAVID YOUNTS

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 HEARICK

COMMENTS BOTH SYSTEMS HAVE 100% REPAIR AREA (CONVENTIONAL, - GRAVITY-FED)

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 4/30/93

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