42244

IREDELL COUNTY HEALTH DEPARTMENT

14040 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR JEFFREY T. ELLIS DATE 6/2/92 PERMIT NO. 92-13-A-37

PHONE: Business _____ Home _____

LOCATION NC 90W, TR MONTICELLO DR, TL MILLER FARM RD, TL BEECH BROOK LANE LOT ON (L) ~ ¼ MILE

SUBDIVISION NAME PINEY OAKS LOT NO. 37 S.R. No. _____ 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

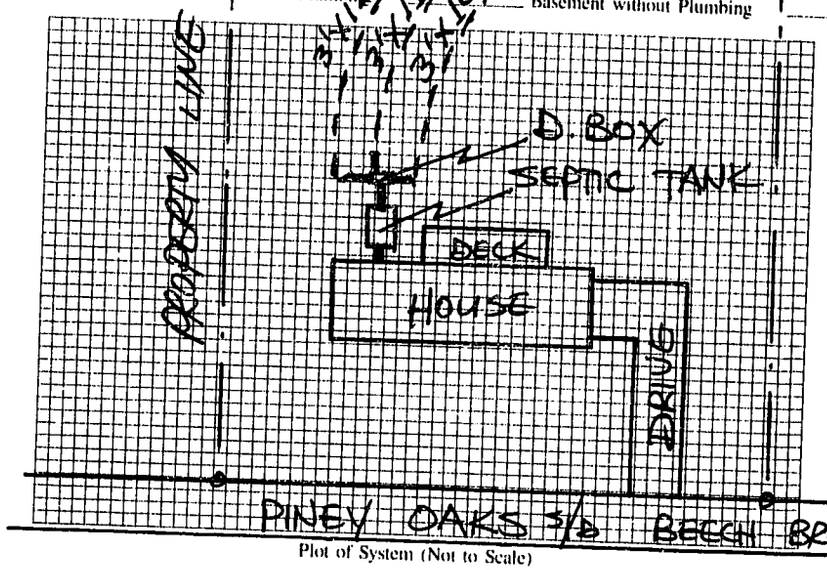
Application Rate 0.35 GPD / FT²

Topography 2-4% LINEAR SLOPE

Depth to Water Table 74'

Rock or other impervious formations NONE

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



Plot of System (Not to Scale)

ACP 2/19/92

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

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 HEDRICK

COMMENTS REPAIR AREA IS 100% CONVENTIONAL GRAVITY-FED.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 6/2/92

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