45525

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15446

OWNER OR CONTRACTOR Jeffrey Todd Ellis DATE 3/8/93 PERMIT NO. 93-13-A-38

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR MONTICELLO DRIVE, TL MILLER FARM ROAD, TL BEECH BROOK LANE, 1ST LOT ON (L)

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S.R. No. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics PS

Garbage Disposal Unit Yes ☐ No ☑ Application Rate 0.35 GPD/FT2

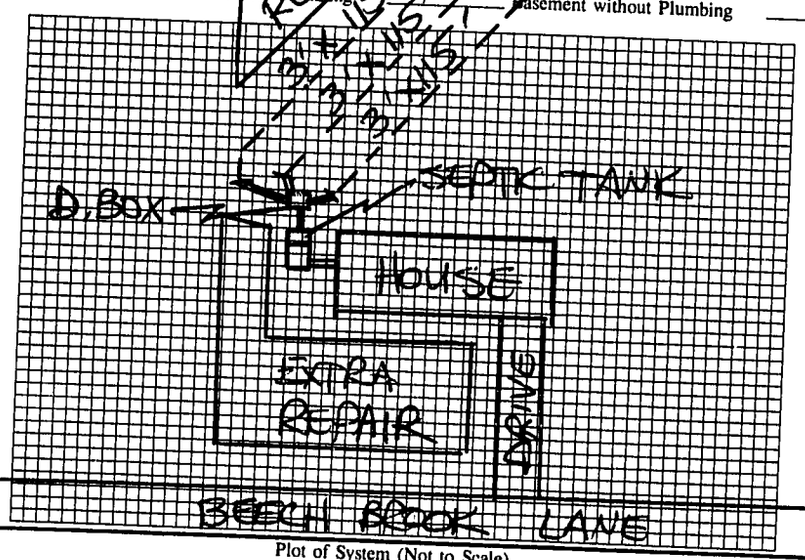
Auto. Dishwasher Yes ☑ No ☐ Topography 2-4% LINEAR

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table 54"

Lot Area AMPLE Rock or other impervious formations NONE

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

ACP 1/5/93



Plot of System (Not to Scale)

Size of Tank 1000 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 AREAS ARE 100% CONVENTIONAL, GRAVITY-FED.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 3/8/93

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