42244

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14040

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) ~ 1/4 MILE S.R. No. _____

SUBDIVISION NAME PINEY OAKS LOT NO. 37 SECTION OR BLOCK 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 SLOPE

Auto. Wash. Machine Yes [ ] No [ ] Depth to Water Table 74"

Lot Area ACRE Rock or other impervious formations NONE

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

ACP 2/19/92

Size of Tank 1500 Gals.

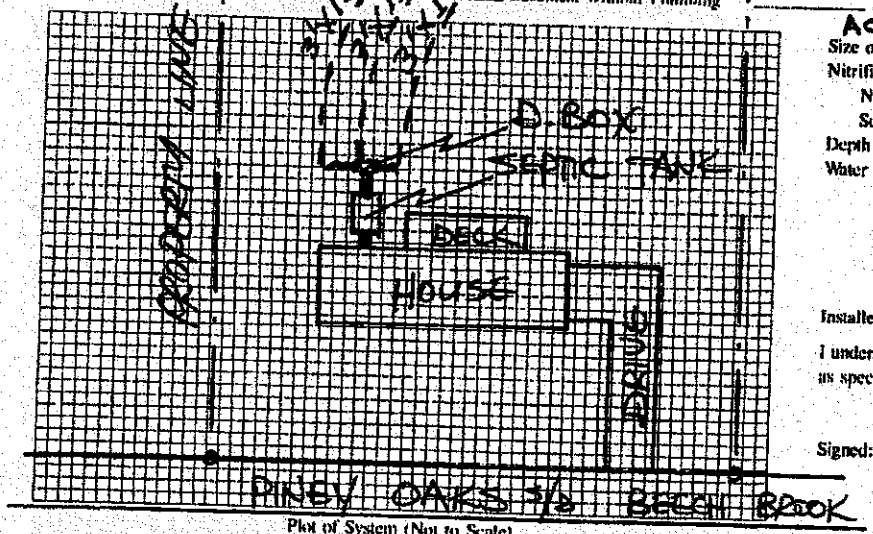
Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑



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 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