42095

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

13956

OWNER OR CONTRACTOR AUSTIN & AUSTIN BUILDERS DATE 4/24/92 PERMIT NO. 92-13-A-3

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR MONTICELLO DR, TL MILLER FARM ROAD, TL BEECH BROOK LN, 3RD LOT ON (R) S.R. No. _____

SUBDIVISION NAME PINEY OAKS LOT NO. 3 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 .35 GPD / FT2

Topography 2-4% HS

Depth of Water Table >4'

Rock or other impervious formations NONE

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

Size of Tank TP 2/27/92 1000 Gals.

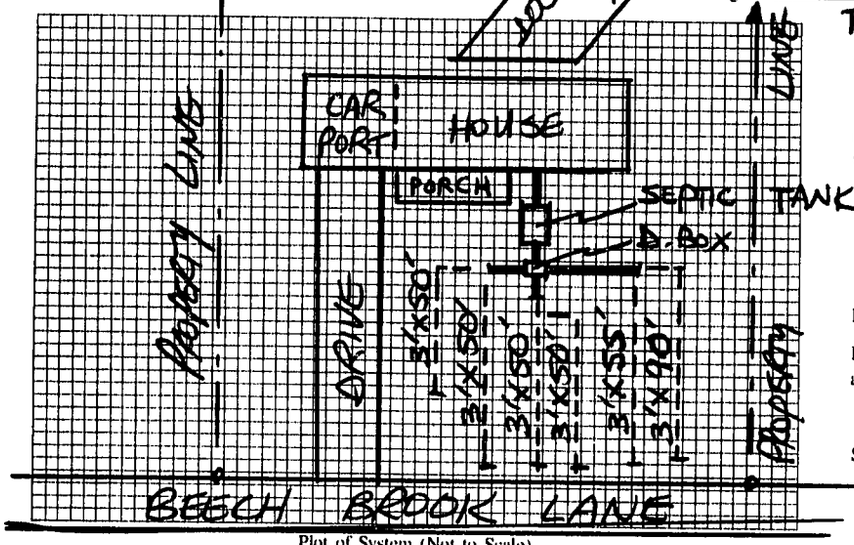
Nitrification Field:

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 AUSTIN & AUSTIN

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 CONVENTIONAL PUMP SYSTEM

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 4/24/92

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