Williams, Jimmy 44745

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15190

OWNER OR CONTRACTOR SPEAKS BUILDING Co. DATE 2/1/93 PERMIT NO. 9A-9-A-22

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR MONTICELLO DRIVE, TL MILLER FARM ROAD, TL DOE TRAIL, LOT # 22, on (L) ~ HALFWAY S.R. No. _____

SUBDIVISION NAME DEERCROFT LOT NO. 22 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 110' x 200'

Soil Characteristics PS

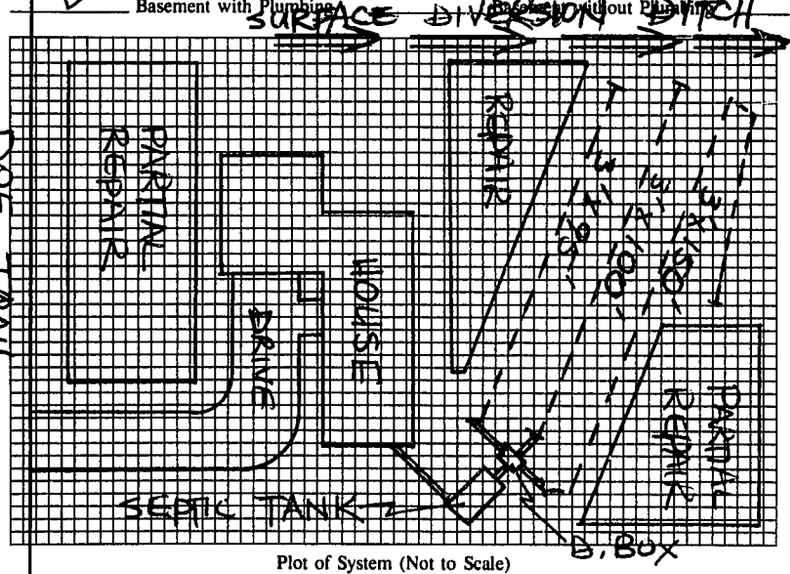
Application Rate 0.35 GPD / FT²

Topography 6-8% NOSE

Depth to Water Table > 4'

Rock or other impervious formations NONE

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




Plot of System (Not to Scale)

Size of Tank 1250 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 A-1 BACKHOE

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 (1) CREATE SURFACE DIVERSION DITCH AT LOCATION SHOWN. (2) GUTTER DRAINS TO BE PIPED AWAY FROM SYSTEM. (3) FUTURE REPAIR AREA IS 100% CONVENTIONAL, PARTIALLY PUMP // GRAVITY-FED.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 2/1/93

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