IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15032

OWNER OR CONTRACTOR RUTH CALDWELL PEARSE DATE 9/2/92 PERMIT NO. PART OF 92-A-55

PHONE: Business _____ Home _____

LOCATION NC 115 NORTH, TL SCOTTS CREEK ROAD, TL MILLER FARM ROAD, MH ON (L) ~ 0.5 MILES S.R. No. 1544

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ D/W Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 1.029 AC

Soil Characteristics PS

Application Rate 0.35 GPD / FT2

Topography 6-8 % LINEAR SLOPE

Depth to Water Table >4'

Rock or other impervious formations NONE NOTED

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

ACP 6/22/92

Size of Tank 1000 Gals.

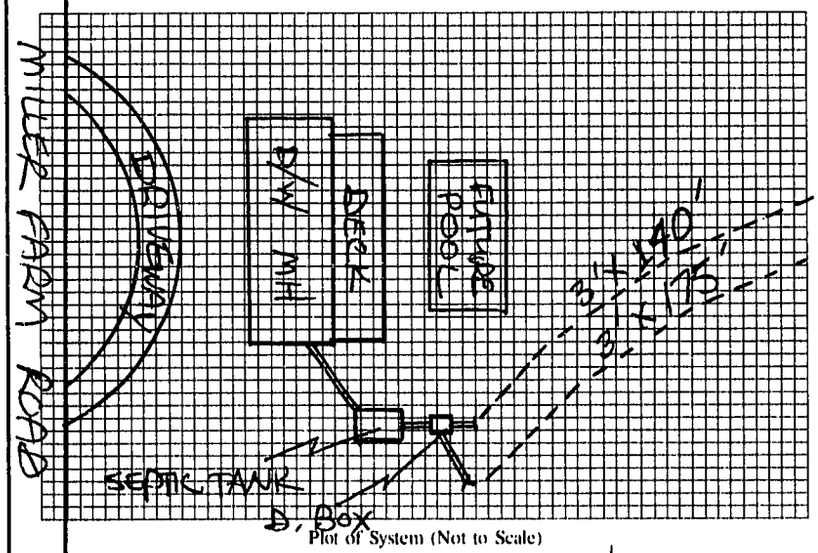
Nitrification Field:

No. of Lines 2 (TWO)

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑



Plot of System (Not to Scale)

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 REPAIR AREA IS 100% CONVENTIONAL GRAVITY-FED

② MH NOT ON SITE AT TIME OF INSPECTION, KEEP MH MINIMUM 5' FROM SEPTIC SYSTEM

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 9/2/92

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