42961

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14|28

OWNER OR CONTRACTOR DAWN WITHERSPOON DATE 8/4/92 PERMIT NO. 9A-8-A-12

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL SCOTTS CREEK ROAD, TR BOWMAN ROAD, on (L) ACROSS FROM 1ST DRIVE TO (R) S.R. No. _____

SUBDIVISION NAME BROOKHOLLOW LOT NO. 12 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 0.40 GPD / FT²

Topography 6-8% NS

Depth to Water Table 54"

Rock or other impervious formations SCATTERED SMALL ROCK

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

TP 6/23/92

Size of Tank 1000 Gals.

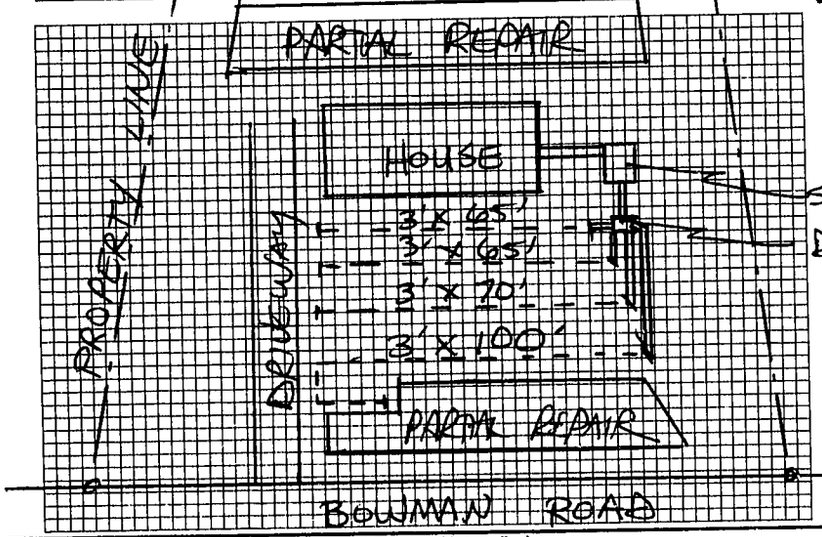
Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑



Plot of System (Not to Scale)

Installed by JAMES HILDER

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

(1) KEEP WATER LINE MINIMUM 10' FROM SYSTEM

(2) REPAIR AREA IS 100% CONVENTIONAL, PARTIAL GRAVITY-PARTIAL PUMP-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 8/4/92

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