42547

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14178

OWNER OR CONTRACTOR CRANDALL & O'BRIEN CONST. DATE 6/8/92 PERMIT NO. 9A-7-A-71

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL SCOTTS CREEK ROAD, TL ETHEL LANE, TR DJ DRIVE, TR FRIENDLY CR, ON (L) AT CUL-DE-SAC S.R. No. _____

SUBDIVISION NAME WOOD ROSE LOT NO. 71 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 0.30 GPD/FT²

Auto. Dishwasher Yes [✓] No [ ] Topography 4-6 %, LS

Auto. Wash. Maching Yes [✓] No [ ] Depth to Water Table > 4'

Lot Area AMPLE Rock or other impervious formations NONE

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

ACP 5/4/92

Size of Tank 1000 Gals.

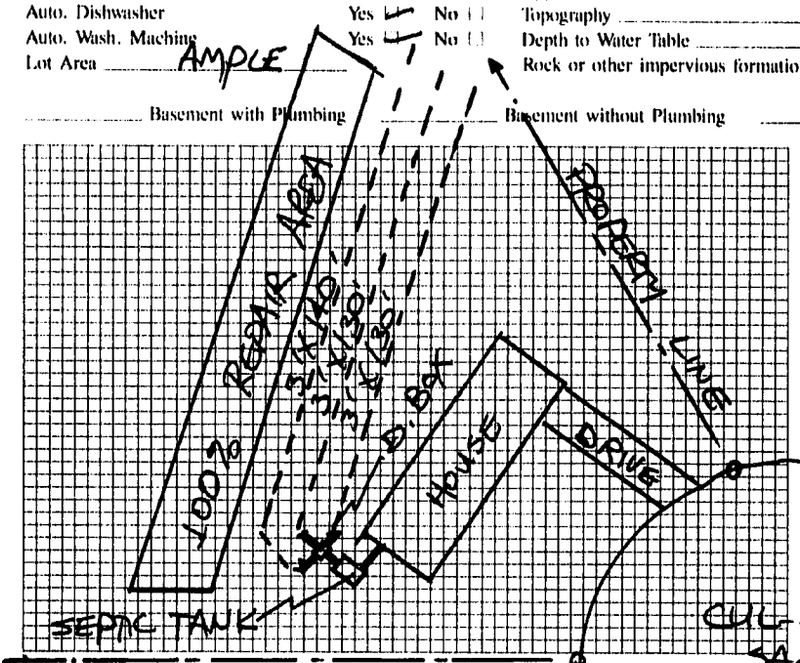
Nitrification Field:

No. of Lines 3

Sq. Ft. 1200 Linear Ft. 400

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 _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 6/8/92

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