IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14494

OWNER OR CONTRACTOR MICHAEL D. THREATTE DATE 12/1/92 PERMIT NO. 9M-1-9

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL COACHMAN LOOP, TL TRINITY CHURCH RD, ON (L) ~ 1/2 MILE (JUST PAST WESTIN ROAD) S.R. No. _____

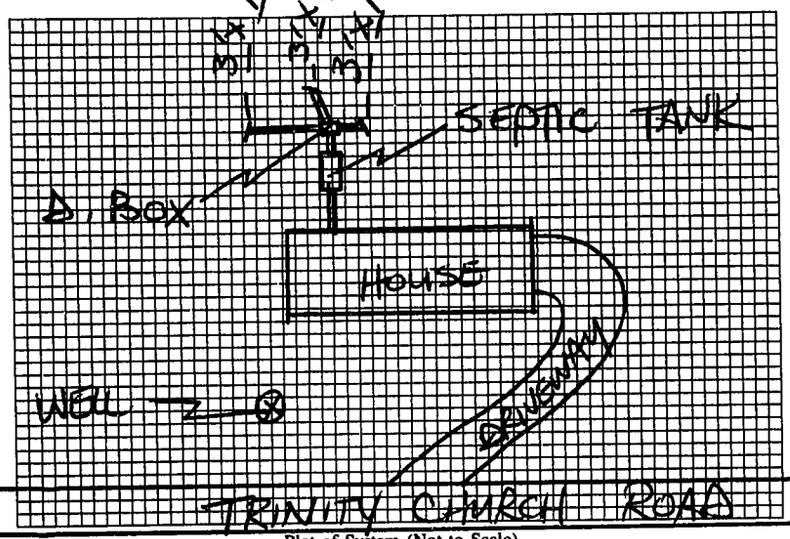
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

REPAIR AREA

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3	No. Bathrooms 2 - 1	Soil Characteristics	PS
Garbage Disposal Unit	Yes ☐ No ☑	Application Rate	0.40 GPD/FT2
Auto. Dishwasher	Yes ☐ No ☑	Topography	4-6% NOSE
Auto. Wash. Machine	Yes ☑ No ☐	Depth to Water Table	>4'
Lot Area 15+ AC		Rock or other impervious formations	SCATTERED ROCK

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



Plot of System (Not to Scale)

TP 8/9/92

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐

Installed by JAMES HUDLER

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 100% CONVENTIONAL GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 12/1/92

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