IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15844 OWNER OR CONTRACTOR BILLY FINK DATE 5/7/93 PERMIT NO. PART OF 9P-A-14

PHONE: Business _____ Home _____

LOCATION NC 115 N, LOT ON NORTH-EAST CORNER OF CRIDER ROAD INTERSECTION S.R. No. _____

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

House ☐ Mobile Home ☑ S/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 360'x163'x280'x326'x160'

Soil Characteristics PS

Application Rate 0.35 GPD / FT²

Topography 4-6% NOSE

Depth to Water Table 54"

Rock or other impervious formations NONE

☐ Basement with Plumbing ☐ Basement without Plumbing ☑ No Basement ☐ Crawl Space

TP 2/23/93

Size of Tank 1000 Gals.

Nitrification Field:

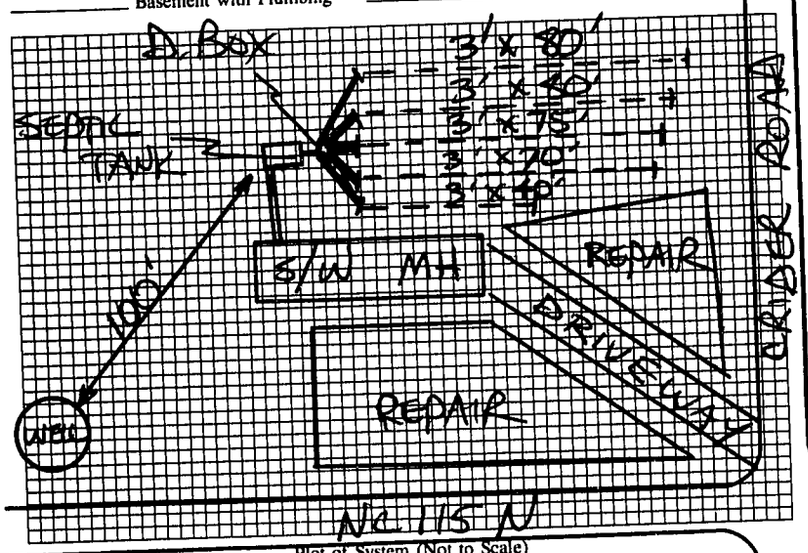
No. of Lines 5

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐



Plot of System (Not to Scale)

Installed by ABC GRADING

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 KEEP MH MINIMUM 5' FROM SYSTEM

② REPAIR IS 100% CONV., GRAVITY-FED

FARM HOUSE ROAD

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 9P-A-14

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 Sanitarians Copy: Pink Owner's Copy: Gold