42596

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

14130

OWNER OR CONTRACTOR BILLY KELLER DATE 3/13/92 PERMIT NO. 9P-A-13A

PHONE: Business ____ Home ____

LOCATION NC 115 N, TR CRIDER ROAD, TR AT YIELD SIGN, JUST PAST 1ST HOUSE ON (L) S. R. No. ____

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

House ( ) Mobile Home (✓) Business ( ) Other ____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 2.12 AC

Character & Porosity of Soil PS

Percolation Rate .4 GPD / FT2

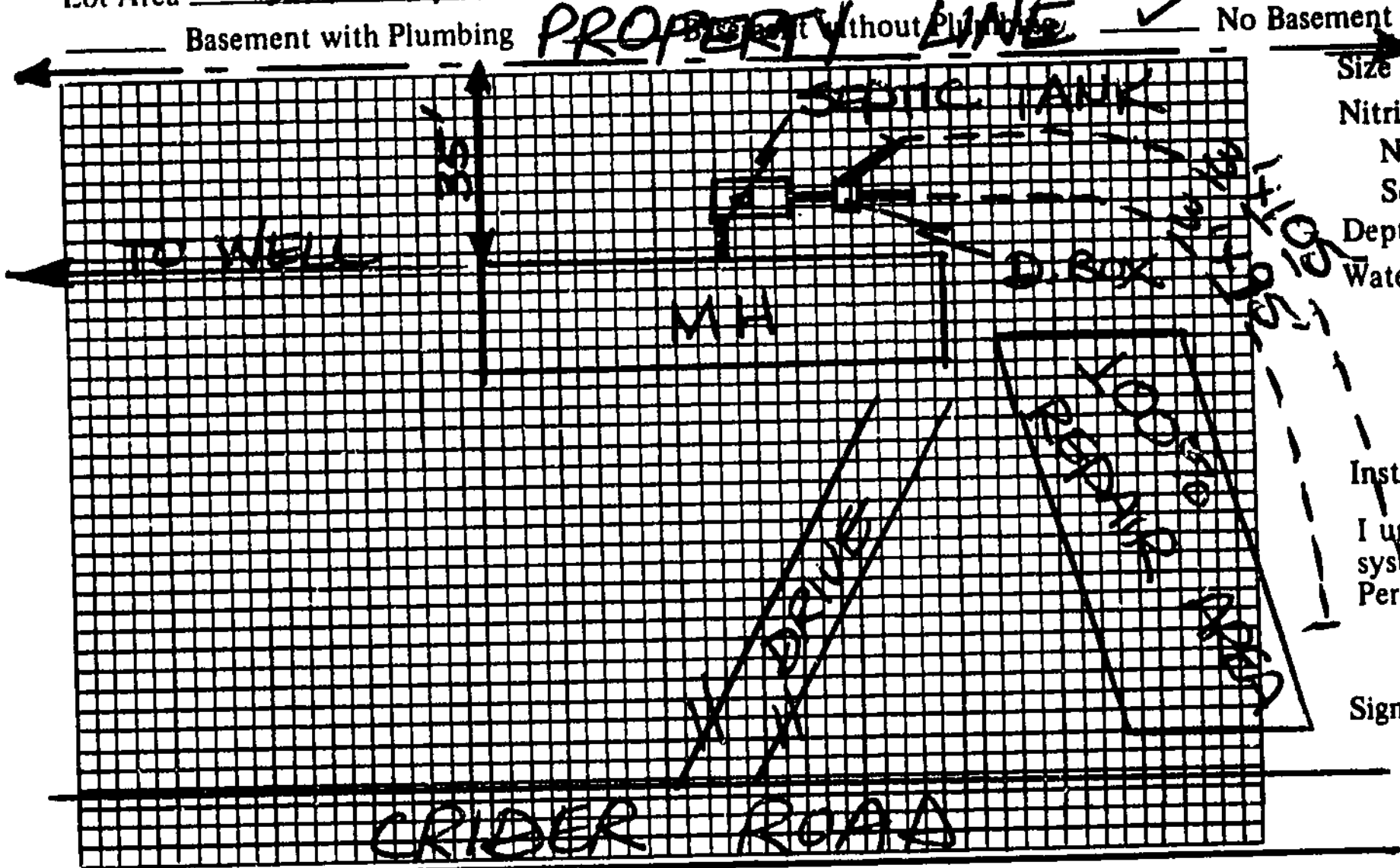
Topography 8-10% AS

Depth to Water Table >4'

Rock or other impervious formations NONE NOTED

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement

TP 2/22/92



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual (✓) WELL NEXT DOOR

Public ( )

Installed by TOMMY COTHREN

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: ____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: (1) REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED WITH ~0.4 APPLICATION RATE. (2) MH NOT ON SITE AT TIME OF INSPECTION, KEEP MH MINIMUM 5' FROM SEPTIC SYSTEM.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 3/13/92

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 false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold