IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15426

OWNER OR CONTRACTOR WILLIAM J. PIERCE DATE 12/7/92 PERMIT NO. 14F-A-69

PHONE: Business 876-1687 Home

LOCATION NC 115 N TR FORD FARM ROAD, LAST DRIVE ON (L) BEFORE SNOW CREEK ROAD S.R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

SNOW CREEK ROAD

House ☐ Mobile Home ☑ (D/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 26.85 AC

Soil Characteristics PS

Application Rate 0.35 GPD/FT²

Topography 10-15% NOSE SLOPE

Depth to Water Table > 4'

Rock or other impervious formations SMALL SCATTERED ROCK

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

ACP 10/24/92

Size of Tank 1000 Gal.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"+

Water Supply: Individual ☑ WELL TO BE LOCATED

Public ☐

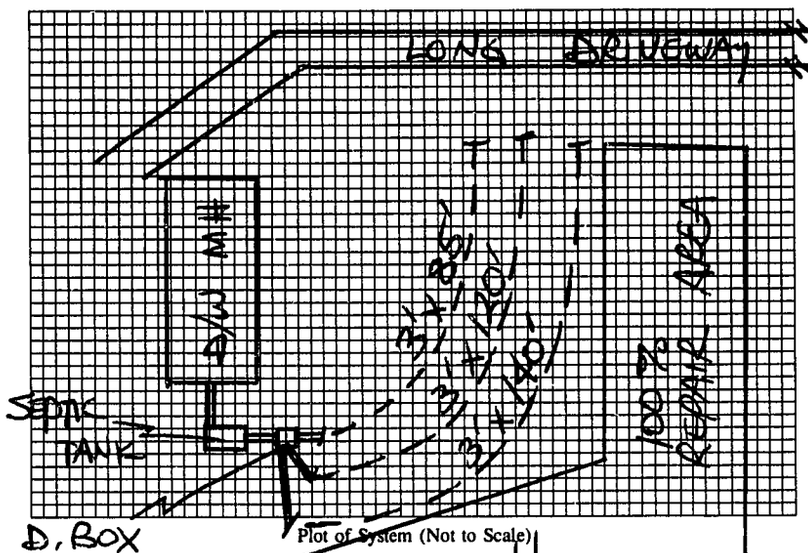
BRYCE PREVETTE & RALPH WOLF

Installed by

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.)



Plot of System (Not to Scale)

IMPROVEMENT PERMIT BY STEVE HEDRICK

COMMENTS

① KEEP MH MINIMUM 5' FROM SYSTEM ② KEEP WELL MINIMUM 100' FROM SYSTEM ③ REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 12/7/92

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 applied toward securing Improvement Permit.

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