IREDELL COUNTY HEALTH DEPARTMENT

15798

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR David & Cheryl Harmon DATE 5/10/93 PERMIT NO. 2E 3A9

PHONE: Business _____ Home 528-9311

LOCATION Hampton Cove Rd., Perth Rd, TR on Cloverly Hill TL on Hampton Cove to 5th house on RT S.R. No. _____

SUBDIVISION NAME Cloverly Subdivision LOT NO. 9 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other 2 BDRM ADDITION

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☑

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing

Soil Characteristics P - SAND TRANS.

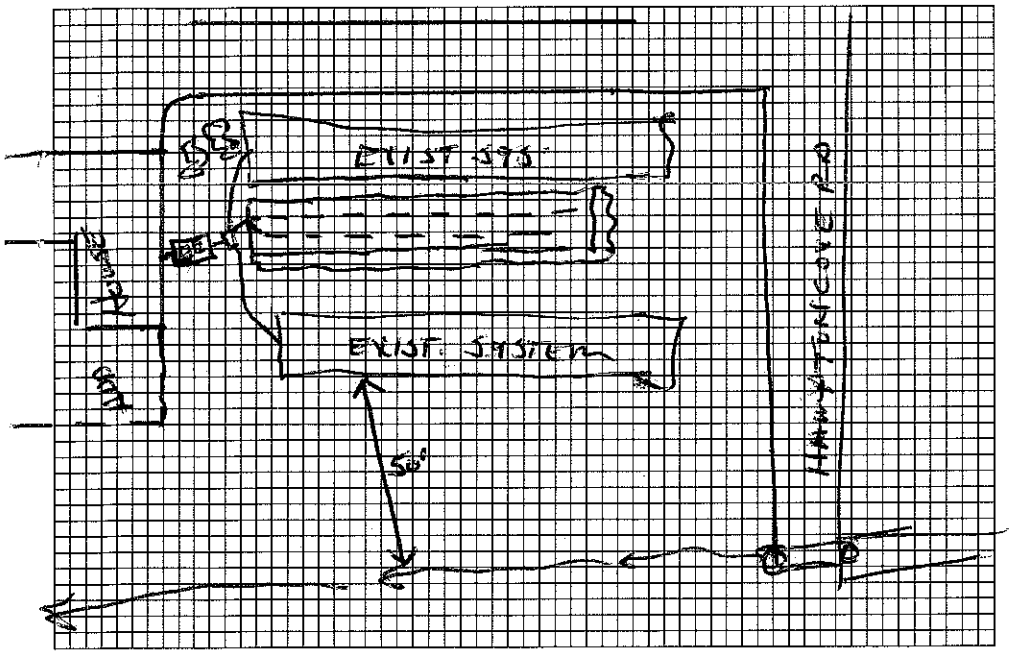
Application Rate P - .25 - .3 (WK, TRANS.)

Topography P - 5%

Depth to Water Table P - >36 < 48

Rock or other impervious formations P - >36 TRANS.

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



Plot of System (Not to Scale)

Size of Tank Existing 1000 Gals.

Nitrification Field: (5-6')

No. of Lines 2 - 50' x 3' BED

Sq. Ft. 300 Linear Ft. 100'

Depth of Stone in Lines 12-14"

Water Supply: Individual ☑ Public ☐

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.)

IMPROVEMENT PERMIT BY Wesley Sparks

COMMENTS Addition to existing system; Made to fit available space.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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