14577 Bobby Hedrick

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Tony Hetrick DATE 10-22-92 PERMIT NO. 6B-A36

PHONE: Business _____ Home _____

LOCATION Hwy 21 South on left Past Iredell memorial Gartens

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S.R. No. _____

House ☐ Mobile Home ☐ Business ☐ Other Beauty shop 1 chair

No. Bedrooms _____ No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area _____

Soil Characteristics Clayey

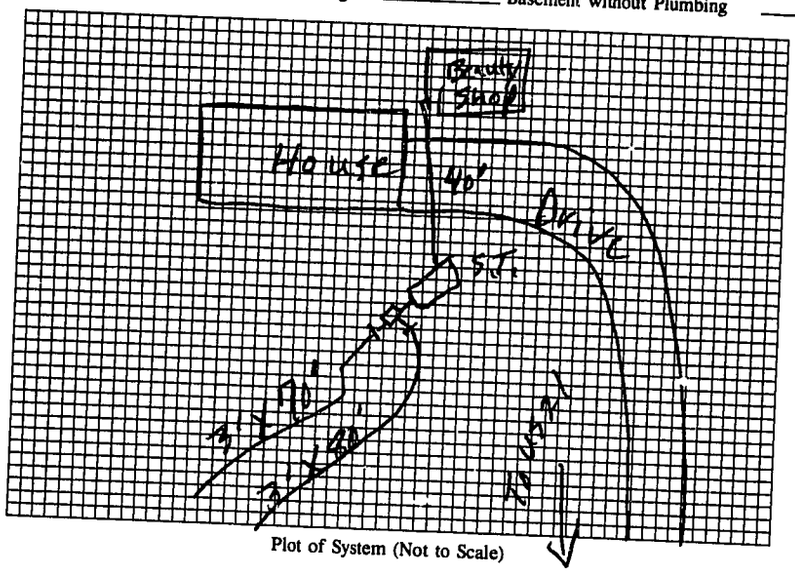
Application Rate .3

Topography 2+6%

Depth to Water Table 10+

Rock or other impervious formations None

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 450 Linear Ft. 150

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by James Hustler

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 R. C. Moore

COMMENTS _____

CERTIFICATE OF COMPLETION BY R. C. Moore

EXISTING SYSTEM CHECKED BY _____ DATE 10-22-92

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

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