14822

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Linda Plyler DATE 10-8-92 PERMIT NO. 6B-6-A-11

PHONE: Business _____ Home _____

LOCATION US 21 south TL Cumberland Rd TL water trough Rd 1st lot on left. S.R. No. _____

SUBDIVISION NAME Sable Point LOT NO. 11 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 1.31 acres

Soil Characteristics Clayey Class IV-A

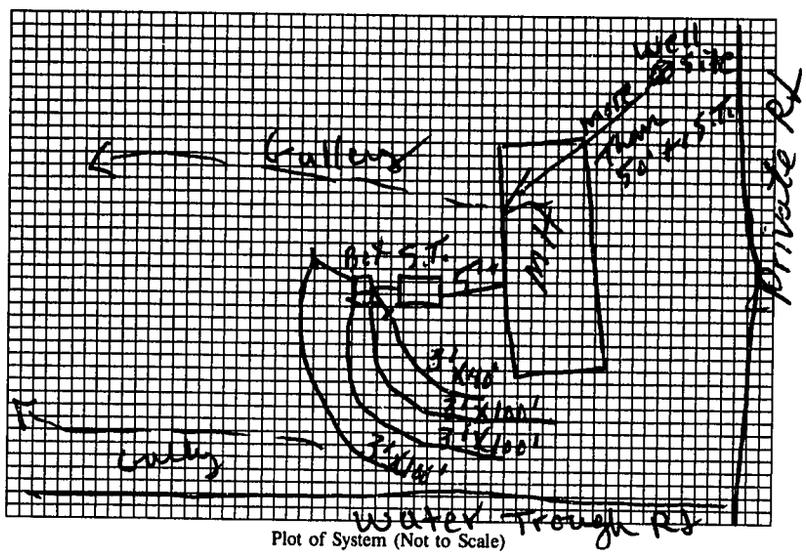
Application Rate .34

Topography 6 to 10%

Depth to Water Table 10'+

Rock or other impervious formations Some Rock Formations at end of drain lines

_____ 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 4

Sq. Ft. 1020 Linear Ft. 340

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Kenny Dellinger

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 J. C. moore

COMMENTS mobile Home & well were not located at time of this inspection Keep them proper distances away from S.T. System

CERTIFICATE OF COMPLETION BY J. C. moore DATE 10-8-92

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 supplied toward securing Improvement Permit.

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