14108.

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR RICHARD BECKETT DATE 3-3-92. PERMIT NO. 6B-6-B-3.

PHONE: Business _____ Home _____

LOCATION Hwy 115 T.L. on Cumberland Rd. - T.L. on Water Trough Rd. - before Railroad - T.R. - go ¼ mi. on R. S.R. No. _____

SUBDIVISION NAME SABLE CROSSING, LOT NO. 3. SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics Clayey

Garbage Disposal Unit Yes ☐ No ☑ Application Rate .4 gal./sq. ft.

Auto. Dishwasher Yes ☐ No ☑ Topography 2 - 8%

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table 10'+

Lot Area 2.5 acres. Rock or other impervious formations none observed.

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

Size of Tank 1000 Gals.

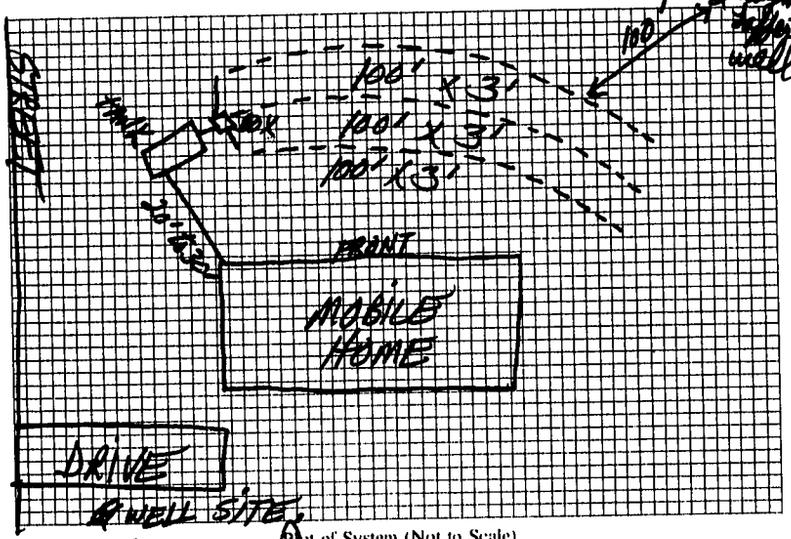
Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐



Plot of System (Not to Scale)

Installed by Ken 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 _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 3-3-92.

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