IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

13430

OWNER OR CONTRACTOR Judy & Reggie Dishmond DATE 12/2/92 PERMIT NO. 6B-6-B-5

PHONE: Business _____ Home _____

LOCATION US 21 S, TL CUMBERLAND ROAD, TL WATERING TROUGH ROAD, TR PRIVATE ROAD INTO SABLE CROSSING, LOT #5 ON (R) S.R. No. _____

SUBDIVISION NAME SABLE CROSSING LOT NO. 5 SECTION OR BLOCK NO. _____

S/W

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 2.78 AC.

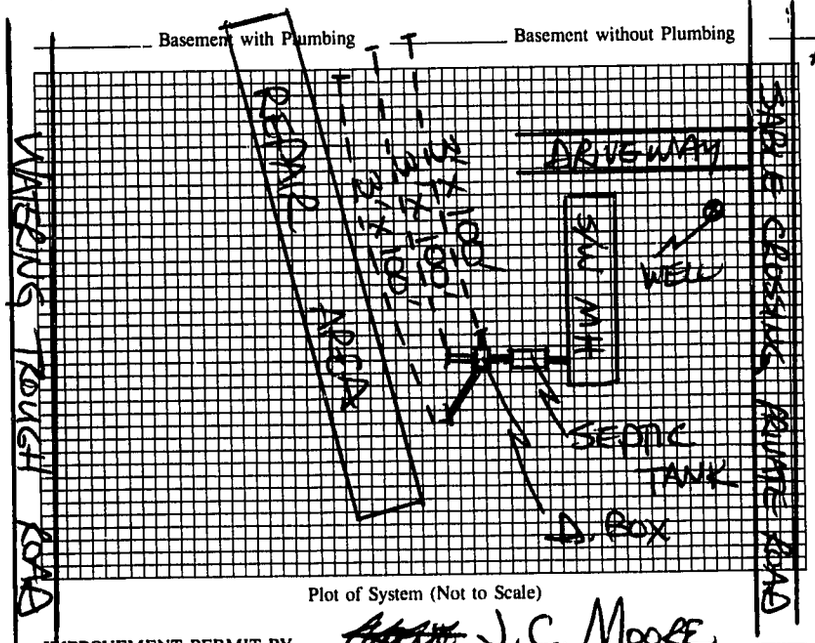
Soil Characteristics PS

Application Rate 0.4 GPD / FT²

Topography 8-10% NOSE

Depth to Water Table >4'

Rock or other impervious formations SHALLOW ROCK SCATTERED THROUGH OUT



Plot of System (Not to Scale)

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

ACP 9/24/92 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 ☑ WELL

Public ☐

POWELL BACKHOE SERVICE

Installed by LARRY POWELL

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 REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 12/2/92

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

CUMBERLAND ROAD