45666

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15238

OWNER OR CONTRACTOR EDWARD J. CRIDER DATE 2/3/93 PERMIT NO. 9A-A-122

PHONE: Business _____ Home _____

LOCATION NC 115 N, ON (R) JUST PAST SULLIVAN FARM RD.

S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☐ Business ☑ Other PHOTOGRAPHY STUDIO W/4 EMPLOYEES MAX.

No. Bedrooms N/A No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☐ No ☑

Lot Area >5 ACRES

Soil Characteristics PS

Application Rate 0.35 GPD / FT²

Topography 4-6% LINEAR

Depth to Water Table >41'

Rock or other impervious formations NONE

FUTURE REPAIR

ACP 11/4/92

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

Size of Tank 1000 Gals.

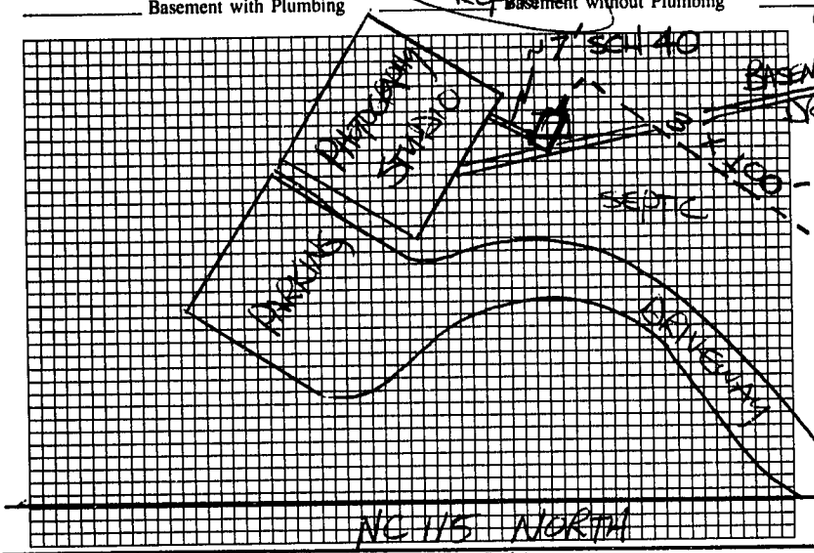
Nitrification Field:

No. of Lines 1

Sq. Ft. 300 Linear Ft. 100

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑



Plot of System (Not to Scale)

Installed by JAMES HUBLER

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 STEVE HEDRICK

COMMENTS

(1) REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED

(2) BASEMENT DRAIN IS GUTTERED BENEATH NITRIFICATION LINE & MAY POSE SOURCE OF SYSTEM FAILURE.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 2/3/93

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