43398

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14665

OWNER OR CONTRACTOR M B & KATHY P. POPE DATE 9/25/92 PERMIT NO. IDE-A-63

PHONE: Business _____ Home _____

LOCATION NC 115 N, TR S. CHIPLEY FORD ROAD, TL RED CHIMNEY ROAD, ON (L) ~ 1/4 MILE S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 2.77 AC

Soil Characteristics PS

Application Rate 0.35 GPD / FT²

Topography 2-4% HEAD SLOPE

Depth to Water Table 54"

Rock or other impervious formations NONE

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

AGP 6/29/92

Size of Tank 1000 Gals.

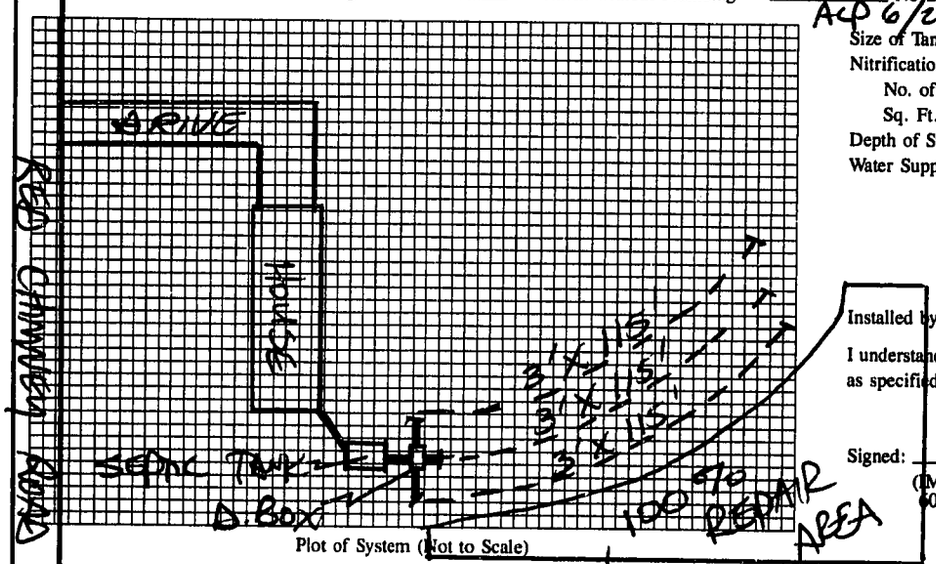
Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑



Plot of System (Not to Scale)

Installed by DAVID YOUNTS

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 HEARICK

COMMENTS REPAIR AREA IS 100% CONVENTIONAL GRAVITY FED

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 9/25/92

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