43100

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14458

OWNER OR CONTRACTOR TED EVANS DATE 8/24/92 PERMIT NO. 10E-A-47

PHONE: Business _____ Home _____

LOCATION NC 115 N, TR S. CHAPLEY FORD ROAD, TL CLOER ROAD, (H) 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 ACREAGE

Soil Characteristics PS

Application Rate 0.3 GPD / FT2

Topography 6-8% NOSE SLOPE

Depth to Water Table >4'

Rock or other impervious formations NONE

✓ Basement with Plumbing _____ Basement without Plumbing

REPAIR AREA

6/1/92 DELLINGER

No Basement _____ Crawl Space

Size of Tank 1500 Gals.

~~Nitrification Field:~~

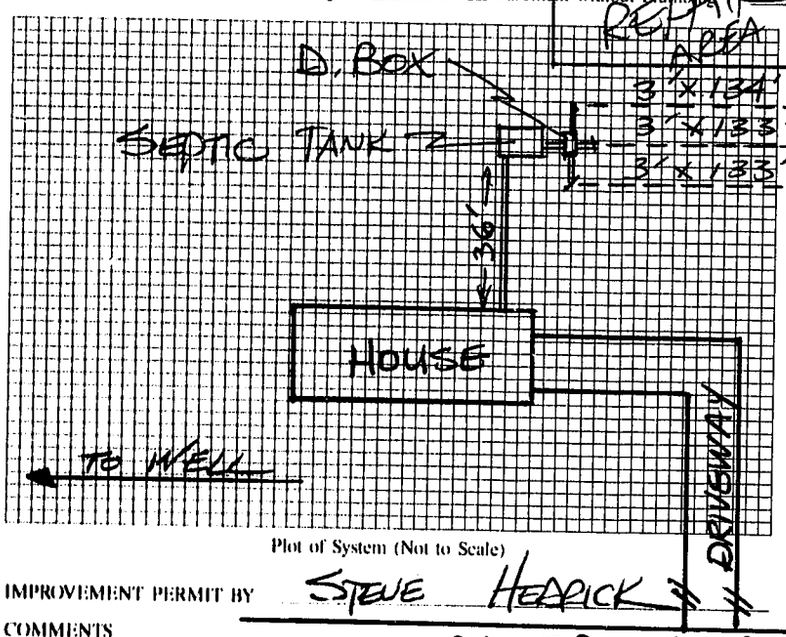
No. of Lines 3

Sq. Ft. 1200 Linear Ft. 400

~~Depth of Stone in Lines~~ 12"

Water Supply: Individual [✓] WELL

~~Public~~ [ ]



Plot of System (Not to Scale)

Installed by WES LYTTON

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 CLOER ROAD SR

REPAIR AREA IS 100% CONVENTIONAL GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 8/24/92

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