42823

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14376

OWNER OR CONTRACTOR KENT NICHOLSON DATE 7/8/92 PERMIT NO. 10B-1-F-15

PHONE: Business _____ Home _____

LOCATION US 21 N, TR JANE SOWERS ROAD, TR FRIAR LANE, TL MARION LANE, ON (L) AT BENA S.R. No. _____

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

House [X] Mobile Home [ ] Business [ ] Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes [ ] No [X]

Auto. Dishwasher Yes [X] No [ ]

Auto. Wash. Machine Yes [X] No [ ]

Lot Area 0.626 Ac

Soil Characteristics PS

Application Rate 0.40 GPD / FT²

Topography 2-4 % LS >4'

Depth to Water Table _____

Rock or other impervious formations NONE

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

TP 4/21/92

Size of Tank 1000 Gals.

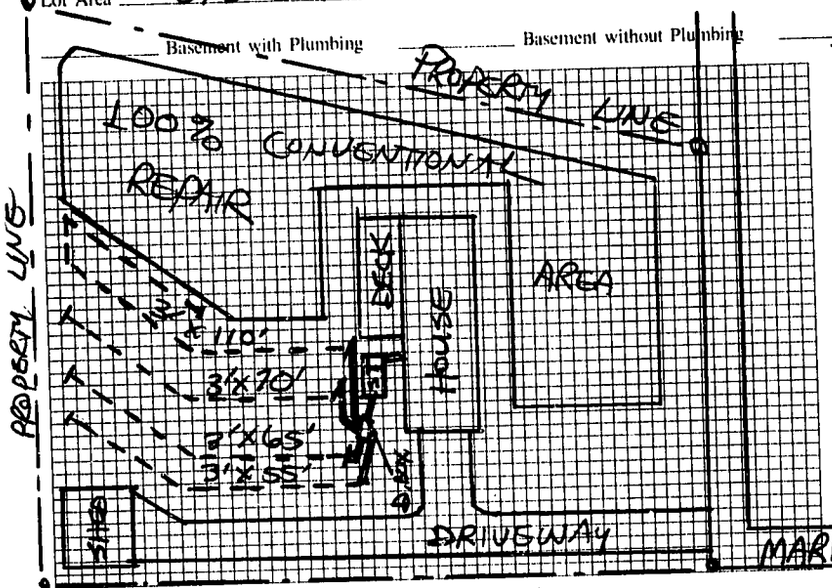
Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual [ ] Public [X]



Plot of System (Not to Scale)

Installed by Tommy FRYE

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 7/8/92

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

JANE SOWERS ROAD