IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14882

OWNER OR CONTRACTOR ARCHIE G. BRIAGES DATE 7/31/92 PERMIT NO. 10K-A-54

PHONE: Business _____ Home _____

LOCATION US 21 N, TL JENNINGS ROAD, TR BLACKWELDER ROAD, MH AT 2ND BRICK HOUSE ON (L) S.R. No. _____

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

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 6 AC

Soil Characteristics DS

Application Rate 0.33 GPD / FT2

Topography 2-4% LINEAR

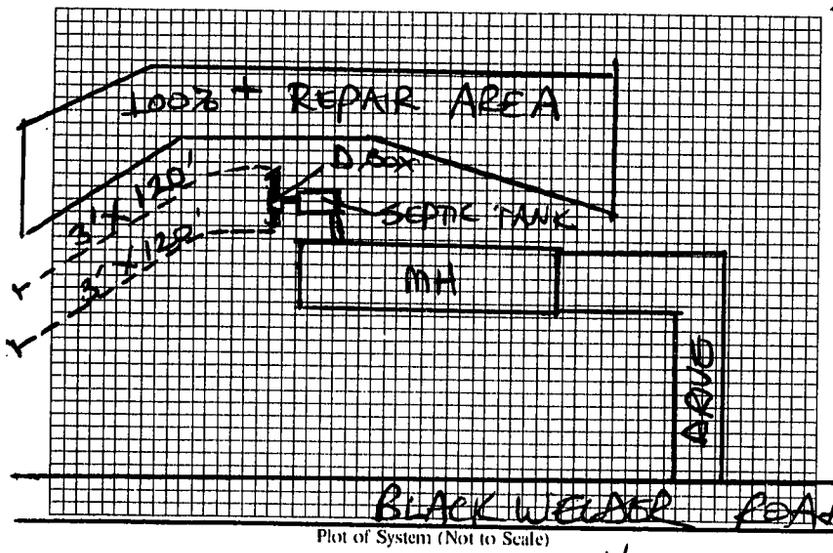
Depth to Water Table >4'

Rock or other impervious formations NONE

⊗ WELL

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

TP 5/27/92



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

BRICK HOUSE

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.)

DRIVEWAY

IMPROVEMENT PERMIT BY STEVE HEARICK

COMMENTS REPAIR AREA IS 100% CONVENTIONAL GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 7/31/92

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