15972

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR SCOTT L. HAMBY DATE 4/15/93 PERMIT NO 136-1-A-2

PHONE: Business _____ Home _____

LOCATION US 21 N, TL JENNINGS ROAD, CROSS SOUTH YADKIN RIVER, ON (R) ~0.25 MILE, BACK OFF ROAD IN WOODED AREA

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

~~DS~~/W

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~8 ACRES

Soil Characteristics PS

Application Rate 0.135 GPD / FT²

Topography 6-8% LINEAR

Depth to Water Table >4'

Rock or other impervious formations NONE

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

ACP 2/22/93

Size of Tank 1000 Gals.

Nitrification Field:

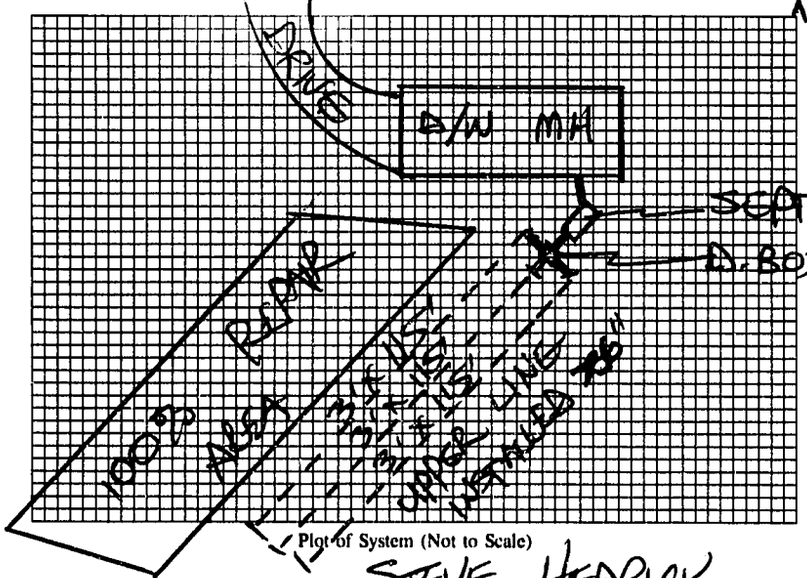
No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐



Installed by A-1 BACKHOE

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 KEEP MH MINIMUM 5' FROM SYSTEM

② REPAIR AREA IS 100% CONVENTIONAL / GRAVITY-TED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 4/15/93

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