46058

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15085 "CRIS"

OWNER OR CONTRACTOR KRIS NEAL DATE 4/15/93 PERMIT NO. 136-1A-2

PHONE: Business _____ Home _____

LOCATION US 21 N, TL JENNINGS ROAD, TL FRIENDSHIP ROAD, ON (L) ~ 0.25 MILE

SUBDIVISION NAME J.C. McDANIEL PROPERTY LOT NO. 2 SECTION OR BLOCK NO. _____ S.R. No. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 100'x200'

Soil Characteristics PS

Application Rate 0.4 GPD / FT2

Topography LINEAR

Depth to Water Table 6'9"

Rock or other impervious formations 54" NONE

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

TP 12/3/92

Size of Tank 1000 Gals.

Nitrification Field:

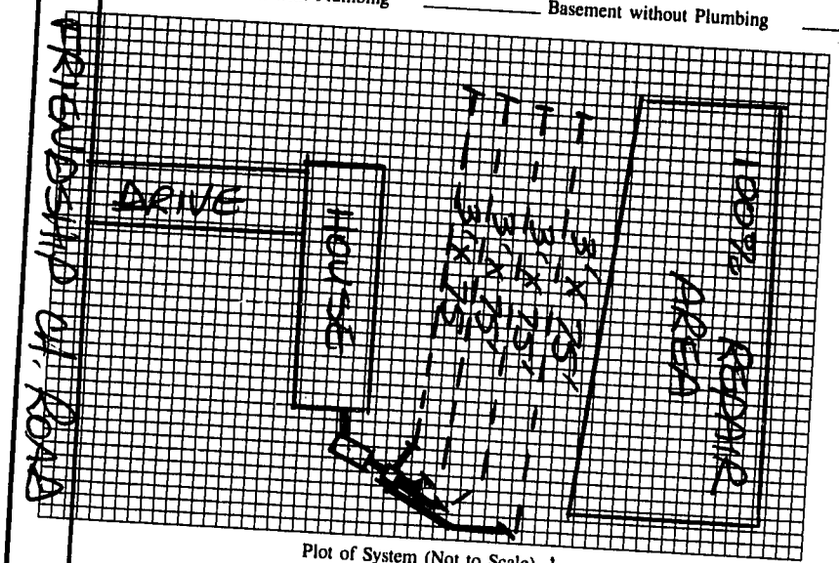
No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐



Plot of System (Not to Scale)

Installed by AUSTIN & AUSTIN BLDR

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 REPAIR AREA IS 100% CONVENTIONAL, GRAVITY FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK

EXISTING SYSTEM CHECKED BY _____ DATE 4/15/93

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

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