IREDELL COUNTY HEALTH DEPARTMENT

15433 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Dennis Joseph Kochik DATE Dec 2, '92 PERMIT NO. 4KA33

PHONE: Business _____ Home _____

LOCATION 115-21 N. TR 1001 (Amity-Ostwalt Rd) TR Arthurs Rd. TL in sharp curve to right 1/10 mile on left

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S.R. No. _____

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 ~4.935 Ac

Soil Characteristics PS C/Ltrans

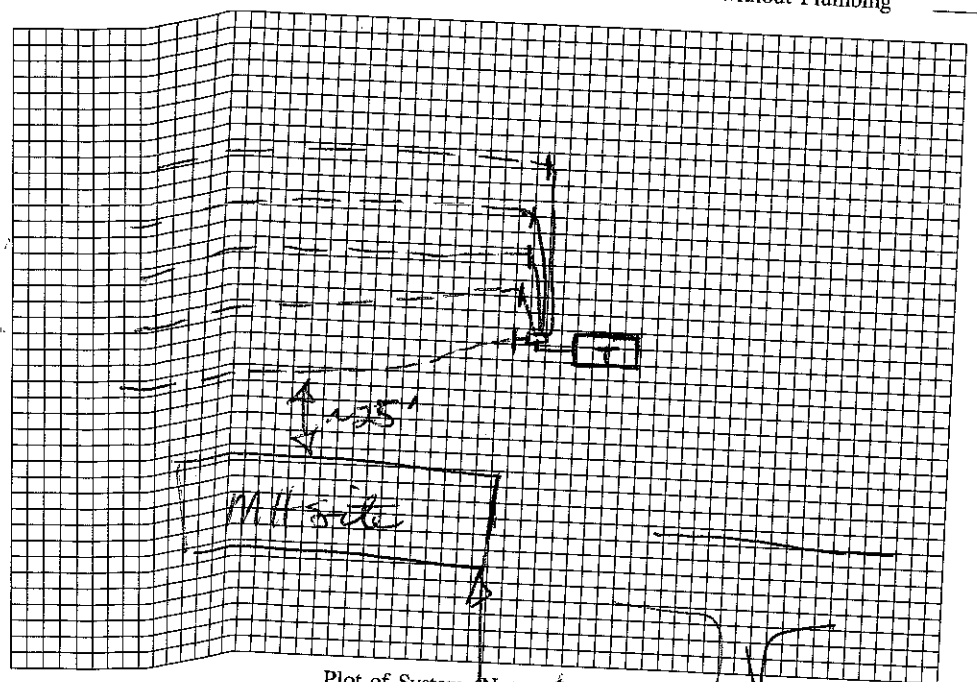
Application Rate .25-.3 gal/ft²/day

Topography ~4%

Depth to Water Table >6'

Rock or other impervious formations none obs.

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



Plot of System (Not to Scale)

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1440 Linear Ft. 480

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Dobson

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 _____

COMMENTS Mobile home not on site at this date DRH

CERTIFICATE OF COMPLETION BY DR Johnson, RS

EXISTING SYSTEM CHECKED BY _____ DATE 12/2/92

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

3.00

15-4-33

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Dennis Joseph Kochik DATE 11/13/92 PERMIT NO. 4K-A-33

PHONE: Business 663-6800 Home

LOCATION Arthurs Rd; O-A Rd. TR on Arthurs TL on first dirt road to creek

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO. S.R. No.

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 ~ 4,935

Soil Characteristics P - C/C TRANS.

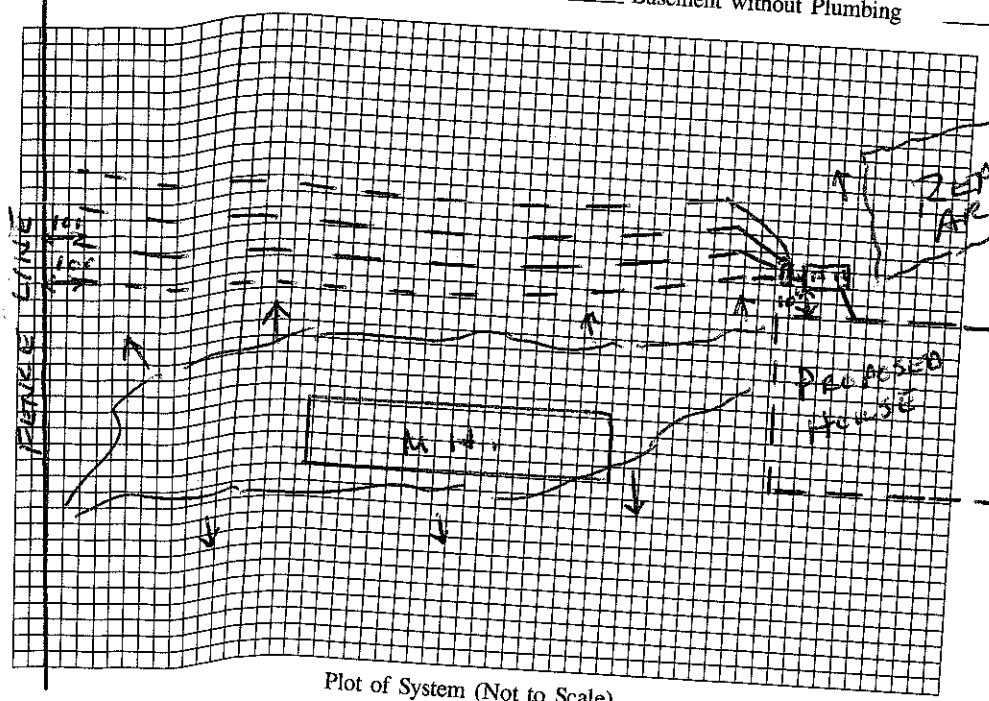
Application Rate P - .25 (SP, WK, S)

Topography P - 3-4%

Depth to Water Table P - 48"

Rock or other impervious formations P - TRANS.

Basement with Plumbing Basement without Plumbing No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4@120'x3'

Sq. Ft. 1440 Linear Ft. 480

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Existing

Public ☐

Installed by

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: Ricky L. Kochik

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS Keep trenches on slope contour in direction shown + Trenches no deeper than 30" to trench bottom.

CERTIFICATE OF COMPLETION BY

EXISTING SYSTEM CHECKED BY DATE

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