43016

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14510
OWNER OR CONTRACTOR LISA B. DAGENHART DATE 5/15/92 PERMIT NO. 13H-A-69

PHONE: Business _____ Home _____

LOCATION I-77 N TR TOMLIN MILL ROAD, TR FAIRMONT CH. RD, TR LUNDY ROAD, 1ST MH ON (R) S.R. No. 1918

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

House ☐ Mobile Home ☑ DBL-WIDE Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics PS

Garbage Disposal Unit Yes ☐ No ☑ Application Rate 0.35 GPD/FT2

Auto. Dishwasher Yes ☑ No ☐ Topography 2-4% LINEAR SLOPE

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table >4'

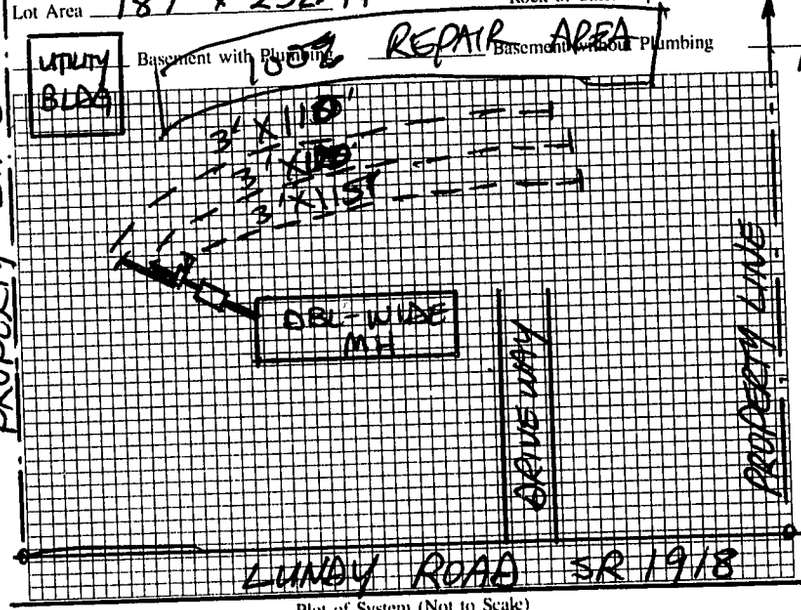
Lot Area 187' X 232.94' Rock or other impervious formations NONE

Basement with Plumbing ☐ Basement without Plumbing ☐ No Basement ☑ Crawl Space ☐

ACP 4/15/92 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 ☐ Public ☑



Plot of System (Not to Scale)

Installed by J.C. 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 HERRICK

COMMENTS ① REPAIR AREA IS 100% CONVENTIONAL GRAVITY-FED ② MH NOT ON SITE AT TIME OF INSPECTION KEEP MH MINIMUM 5' FROM SYSTEM

CERTIFICATE OF COMPLETION BY STEVE HERRICK DATE 5/15/92

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