IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

122660

OWNER OR CONTRACTOR JAMES WINEBARGER DATE 6/26/92 PERMIT NO. PART OF 13H-A-122

PHONE: Business _____ Home _____

LOCATION I-77 N, TR TOM LN MILL ROAD, TL JOSEY ROAD, TR PRIVATE MHP DRIVE, NEAR END ON (R) S.R. No. _____

SUBDIVISION NAME _____ LOT NO. 1 SECTION OR BLOCK 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 0.69 AC

Soil Characteristics PS

Application Rate 0.40 GPD / FT²

Topography 2-4% LS

Depth to Water Table > 4'

Rock or other impervious formations NONE

_____ Basement with Plumbing PROPERTY Basement Without Plumbing NE D.BOX TP 5/19/92 No Basement ✓ Crawl Space

Size of Tank 1000 SAND TANK Gals.

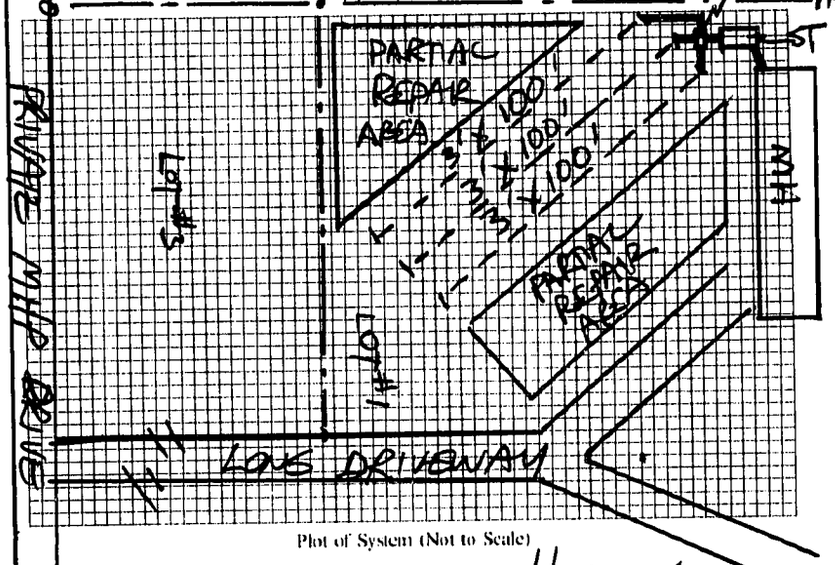
Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL Public ☐ NEXT DOOR



Plot of System (Not to Scale)

Installed by JOHN MENSCER

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 REPAIR AREA IS 100% CONVENTIONAL GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 6/26/92

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