Deaton + Price

13612

41919

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Howard Roten DATE 4-10-92 PERMIT NO. 5m-A74

PHONE: Business _____ Home _____

LOCATION Hwy 70 E at Nabors Rd across from Statesville concrete S.R. No. _____

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

House ☐ Mobile Home ☐ Business ☑ Other Service Station 2 Fixtures 500 gpd

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area _____

Soil Characteristics Clayey

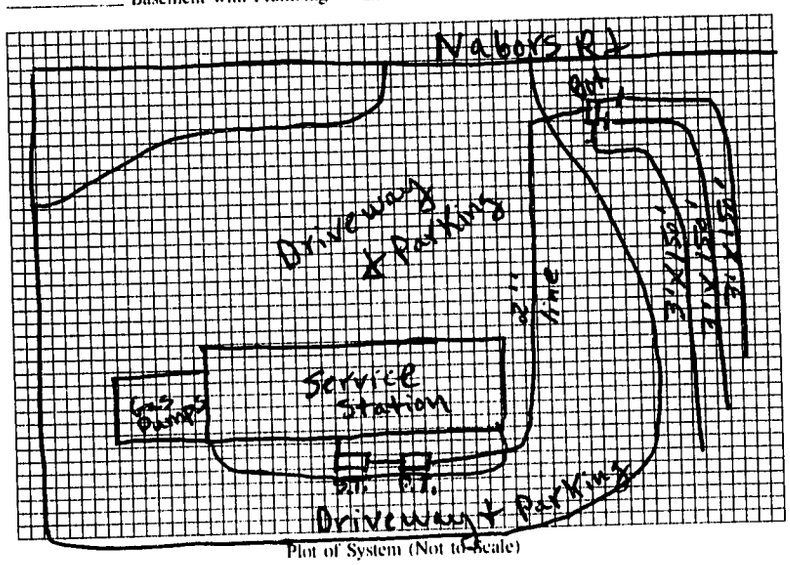
Application Rate .4

Topography 2 to 6%

Depth to Water Table 10'+

Rock or other impervious formations none

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



Plot of System (Not to Scale)

Size of Tank 1000 S.T. 1000 P.T. Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1350 Linear Ft. 450

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by Donald Lackey

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.)

(3/4 HP Liberty Pump used)

IMPROVEMENT PERMIT BY L. C. moore

COMMENTS No Traffic over Septic Tank or Pump Tank This System is for Domestic Waste only - no Car wash or floor Drains ran into this System * Wire Pump + Alarm to meet County Building Insp Standards

CERTIFICATE OF COMPLETION BY L. C. moore DATE 4-10-92

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