13523

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR T+T Inc. DATE 6-4-92 PERMIT NO. SK6A15

PHONE: Business ________ Home ________

LOCATION Red Oak Dr. at end of St.

S.R. No. ________

SUBDIVISION NAME Forest Acres LOT NO. 88 SECTION OR BLOCK NO. III

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 .7606 acres

Soil Characteristics Clayey Class IV-A

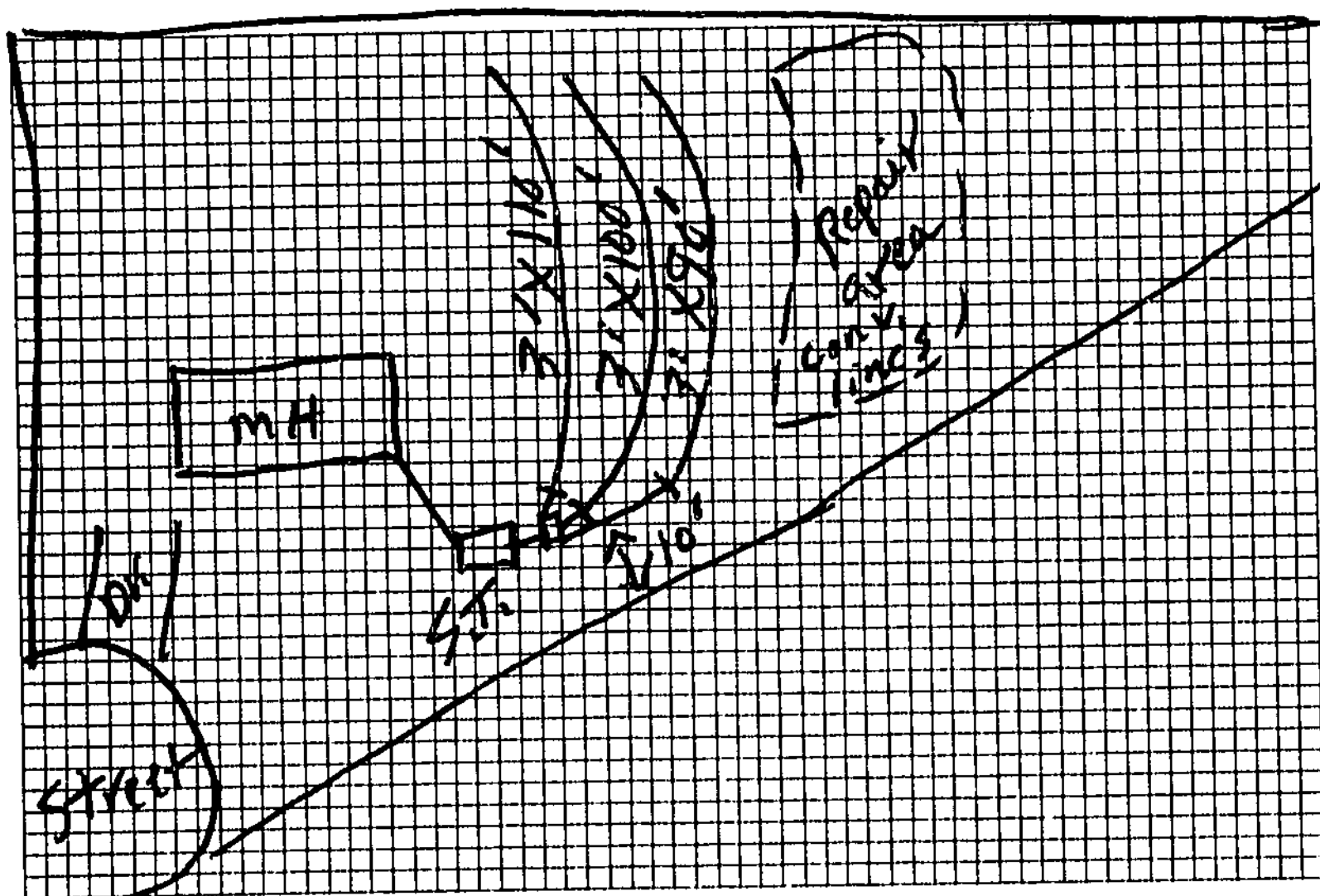
Application Rate .4

Topography 2 to 10%

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 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

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.)

IMPROVEMENT PERMIT BY J. C. Moore

COMMENTS ________

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 6-4-92

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