IREDELL COUNTY HEALTH DEPARTMENT

15359 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR T & T, INC. DATE 10/27/92 PERMIT NO. 5J-A-72

PHONE: Business _____ Home _____

LOCATION US 70E, TR MOREHEAD ROAD, TR RED OAK DRIVE, TL DOGWOOD DRIVE, TL BAYBERRY COURT, LOT AT END S.R. No. _____

SUBDIVISION NAME FOREST ACRES LOT NO. 206 SECTION OR BLOCK NO. V

House ☐ Mobile Home ☑ D/W Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 0.5 Ac+

Soil Characteristics PS

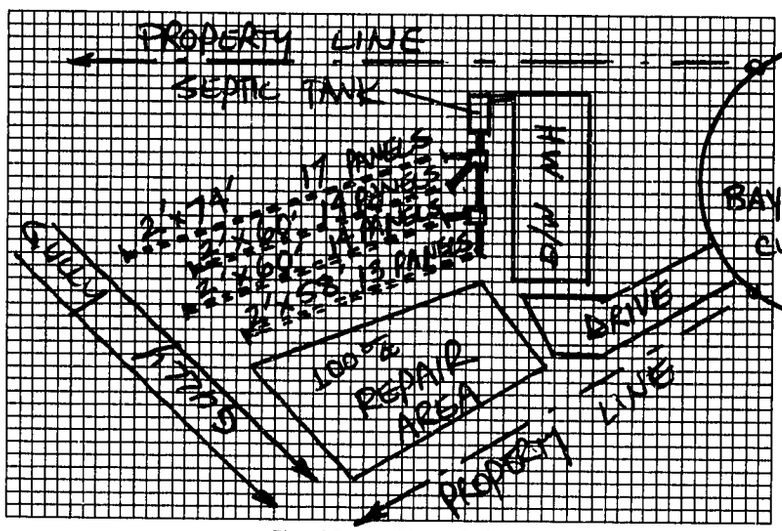
Application Rate 0.25 GPD / FT2 LINEAR

Topography 6-8 %

Depth to Water Table > 4'

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: 58 PANELS

No. of Lines 4

Sq. Ft. _____ Linear Ft. 252

Depth of Stone in Lines SAND

Water Supply: Individual ☐ Public ☑

BAYBERRY COURT CUL-DE-SAC

DOGWOOD DRIVE

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

① 58 PANELS (252 LINEAR FEET) FED BY TWO D. BOXES

② REPAIR AREA IS 100%. ALTERNATIVE (PANEL) GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HENRICK DATE 10/27/92

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