42842

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14408
OWNER OR CONTRACTOR M. JOSEPH CRABB, JR DATE 8/20/92 PERMIT NO. 13J-A-6

PHONE: Business _____ Home _____

LOCATION I-77 N, TR TOMLIN MILL ROAD, ON (L) 2ND DRIVE, BACK IN WOODED AREA PAST RASH ROAD S.R. No. _____

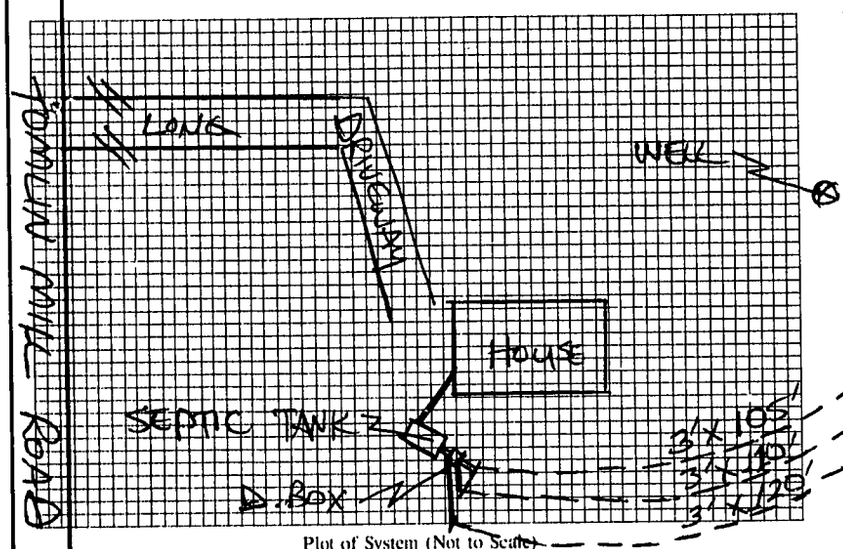
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House [✓] Mobile Home [ ] Business [ ] Other _____

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes [ ] No [✓]
Auto. Dishwasher Yes [✓] No [ ]
Auto. Wash. Maching Yes [✓] No [ ]
Lot Area 12.21 AC

Soil Characteristics PS
Application Rate 0.35 GPD / FT²
Topography 10-15% HEAD SLOPE
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)

ACP 7/9/92
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 [✓] WELL
Public [ ]

Installed by KENNY PEARSON

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 REPAIR AREA IS 100% CONVENTIONAL GRAVITY - FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 8/19/92

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