43145

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

13353
OWNER OR CONTRACTOR BILLY R. STEWART DATE 5/5/92 PERMIT NO. 1262-A-5

PHONE: Business _____ Home _____

LOCATION US 21 N, ~ Y10 MI ON (L) PAST TABOR ROAD.

S.R. No. _____

SUBDIVISION NAME 21 ACRES LOT NO. 5 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 2.265 AC

Soil Characteristics PS

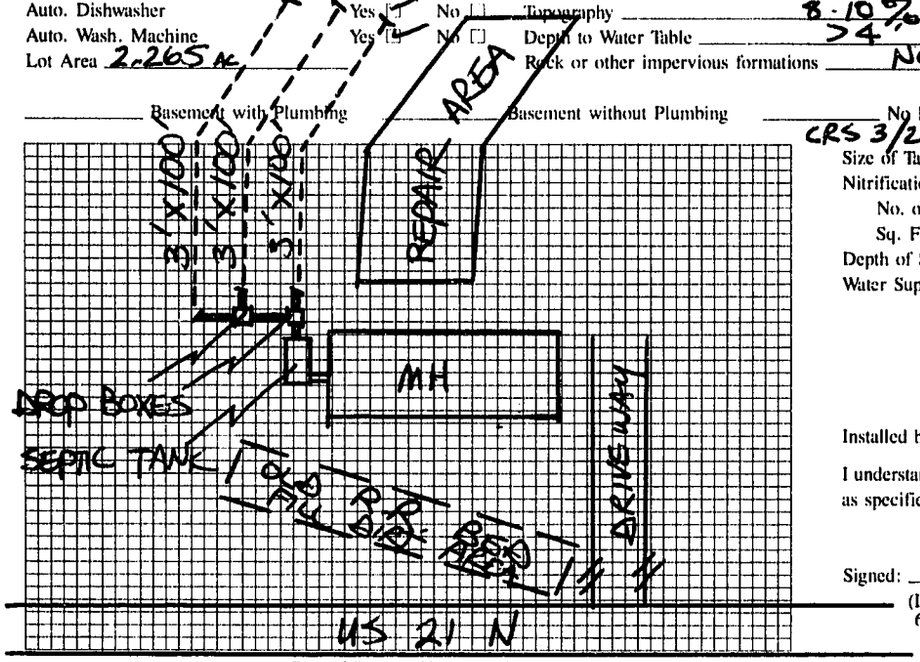
Application Rate 0.4 GPD / FT²

Topography B-10% LS

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)

CRS 3/29/92
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 DALE SALMONS

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 SYSTEM INSTALLED AS PERMIT INDICATED, MH SET-UP LOWER THAN ORIGINALLY SPECIFIED ② REPAIR AREA IS 100% CONVENTIONAL PUMP-FED.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 5/5/92

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