16176

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR ROLAND ESTEP DATE 4/19/93 PERMIT NO. SF-2-A-8

PHONE: Business ______ Home ______

LOCATION US 70E, TR TRIPLETT ROAD TL WATERMOSS DRIVE, TR 1ST STREET, LOT #8 ON (R) S.R. No. ______

SUBDIVISION NAME WILLOW RIDGE LOT NO. 8 SECTION OR BLOCK NO. ______

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 0.94 AC

Soil Characteristics PS

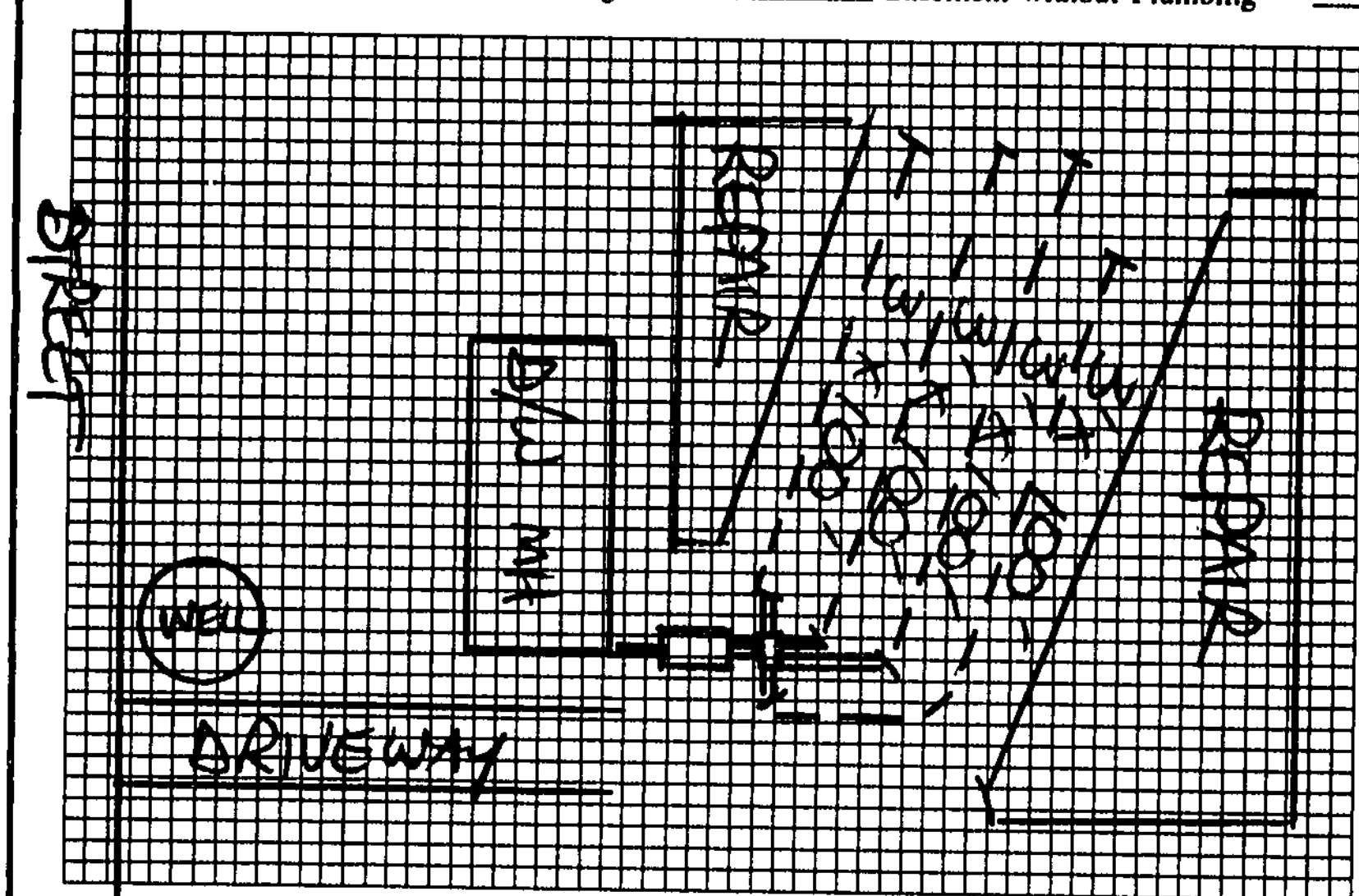
Application Rate 0.30 GPD/FT2

Topography 2% LINEAR

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

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

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 [illegible] J. C. MOORE

COMMENTS REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 4/19/93

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