42135

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

13837 PT OF

OWNER OR CONTRACTOR EDDIE D. NICHOLSON, II DATE 4/27/92 PERMIT NO. SR-A-88

PHONE: Business _____ Home _____

LOCATION US 64 E, TR NEW SALEM CH. RD, TL BRECKENRIDGE LN, TL AT STOP, TR AT END, BEHIND EXISTING HOUSE 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. Machine Yes ☑ No ☐

Lot Area 1.02 AC

Soil Characteristics PS

Application Rate 0.33 GPD / FT² 2-6% LS

Topography

Depth to Water Table > 4'

Rock or other impervious formations NONE

☑ Basement with Plumbing 3 / 1x90' ☐ Basement without Plumbing ☐ No Basement ☐ Crawl Space

TP 3/16/92

Size of Tank 1000 Gals.

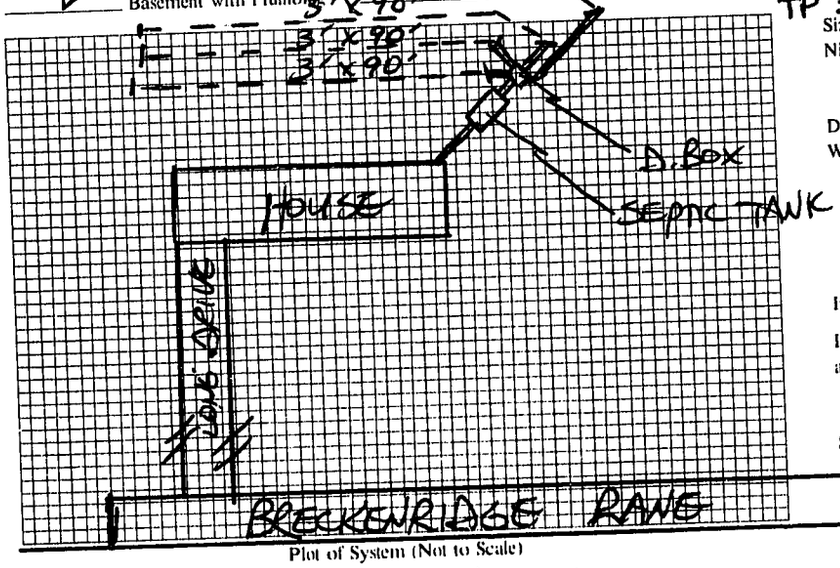
Nitrification Field:

No. of Lines 4

Sq. Ft. 1080 Linear Ft. 360

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑



Plot of System (Not to Scale)

Installed by Tommy Frye

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 STEVE HEDRICK DATE 4/27/92

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