15585

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Todd Combs DATE 5-24-93 PERMIT NO. 111-1-A-22

PHONE: Business _____ Home _____

LOCATION Deer Park lot 22
off White Oak Branch Rd.

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

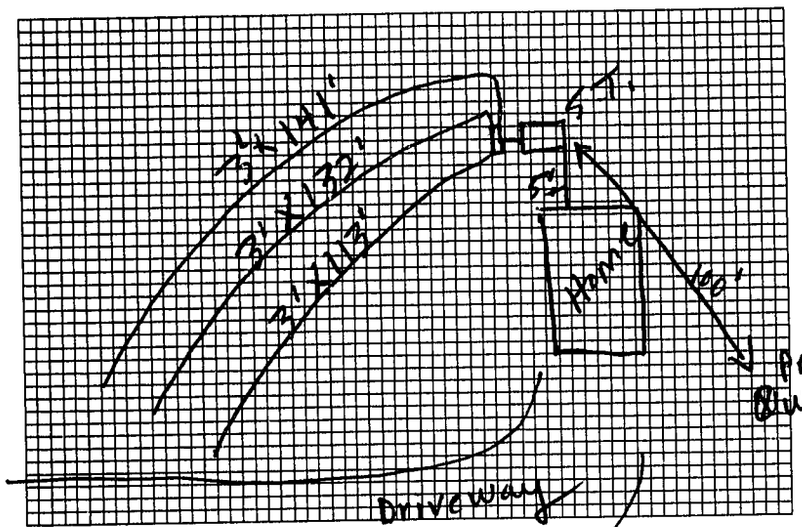
House ☐ Mobile Home ☑ Business ☐ Other + Garden Tub (total 460 gal/day)

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑
Auto. Dishwasher Yes ☑ No ☐
Auto. Wash. Machine Yes ☑ No ☐
Lot Area 2.69 acres

Soil Characteristics Clayey to clay loam
Application Rate .4
Topography 2 to 6%
Depth to Water Table 10'+
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:
No. of Lines 3
Sq. Ft. 1152 Linear Ft. 384
Depth of Stone in Lines 12"
Water Supply: Individual ☑
Public ☐

Installed by James Hulse

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 well & Home not located at time of this inspection, locate them at proper distances from S.T. System

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 5-24-93

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