IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15097

OWNER OR CONTRACTOR TIMOTHY H. MARLOW DATE 2/22/93 PERMIT NO. 12E-A-19C

PHONE: Business _____ Home _____

LOCATION US 21 N, TR CHIEF THOMAS RD, ON (R) PAST CLARWICK 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. Machine Yes ☒ No ☐

Lot Area AMPLE

Soil Characteristics PS

Application Rate 0.35 GPD/FT² LINEAR

Topography 4-6%

Depth to Water Table > 4'

Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space

ACP 10/18/92

Size of Tank 1000 Gals.

Nitrification Field:

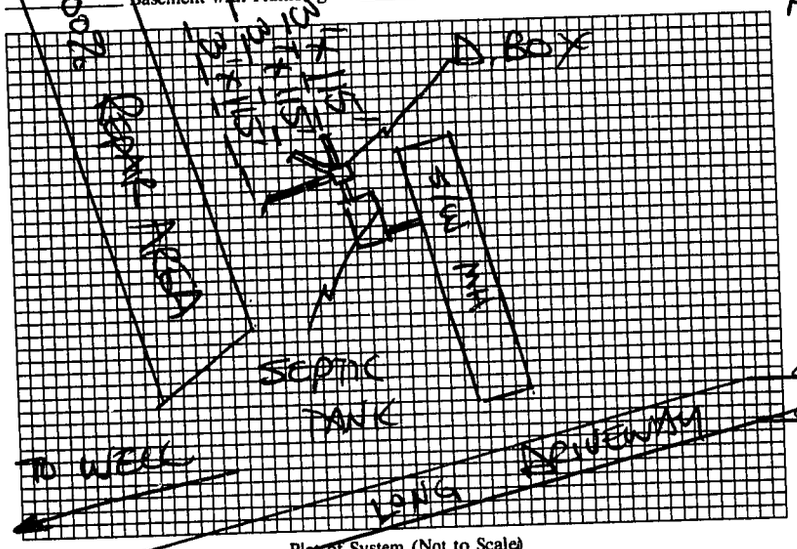
No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☒ WELL

Public ☐



Plot of System (Not to Scale)

Installed by JAMES HUSKER

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) FUTURE REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED

(2) KEEP MH MINIMUM 5' FROM SYSTEM

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 2/22/93

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