IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15072

OWNER OR CONTRACTOR SARAH WILLIAMS DATE 9/17/92 PERMIT NO. 12H-A-94

PHONE: Business _____ Home _____

LOCATION US 21 N, TR BETHEL ROAD, TR MARSHALL FARM ROAD, 5TH DWELLING ON (R) S.R. No. _____

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

House [ ] Mobile Home [✓] Business [ ] Other _____

No. Bedrooms 2 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 0.33 GPA / FT²

Topography 2-4% RIDGE

Depth to Water Table >4'

Rock or other impervious formations NONE

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

DELLINGER 6/5/92

Size of Tank 1000 Gals.

Nitrification Field:

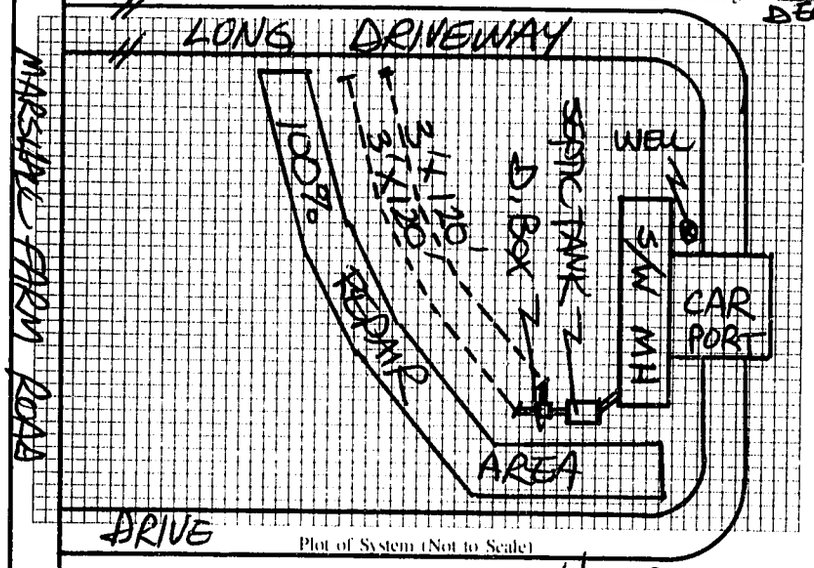
No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual [✓] WELL

Public [ ]



Plot of System (Not to Scale)

Installed by WES LYTTON

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 REPAIR AREA IS 100% CONVENTIONAL GRAVITY-FED

② WELL IS 55' FROM SEPTIC SYSTEM

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 9/17/92

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