42757

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14347

OWNER OR CONTRACTOR BOBBY CARTNER DATE 8/10/92 PERMIT NO. 12D-A-97

PHONE: Business _____ Home _____

LOCATION US 21 N, TR BETHEL ROAD, TL RIMROCK ROAD, TR STONE ROAD, ON (R) 2ND MH, BACK OFF 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

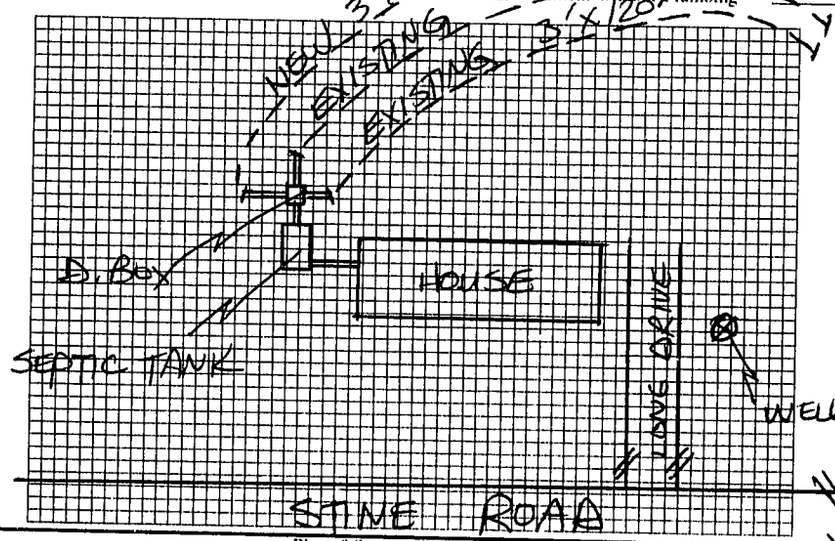
Application Rate ~0.35 GPD/FT²

Topography 6-8%

Depth to Water Table >4'

Rock or other impervious formations NONE

_____ Basement with Plumbing 1 x 105' = 3' x 120' _____ Basement without Plumbing 1 x 120' = 3' x 120' _____ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 315 Linear Ft. 105

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WEL

Public ☐

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 STEVE HEDRICK

COMMENTS REPAIR AREA IS 100% CONVENTIONAL GRAVITY - FED.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 8/10/92

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

BETHEL ROAD