IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14702

OWNER OR CONTRACTOR SHANE PORTER DATE 6/22/92 PERMIT NO. 128-A-2

PHONE: Business 546-2348 Home

LOCATION OLD MOCKSVILLE ROAD NE, TR GANTT HORN ROAD, ~1.2 MILE ON (R)

SUBDIVISION NAME S.R. No. 2151

LOT NO. SECTION OR BLOCK NO.

House ☐ Mobile Home ☑ Business ☐ Other FUTURE 3BR HOUSE

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 37 AC

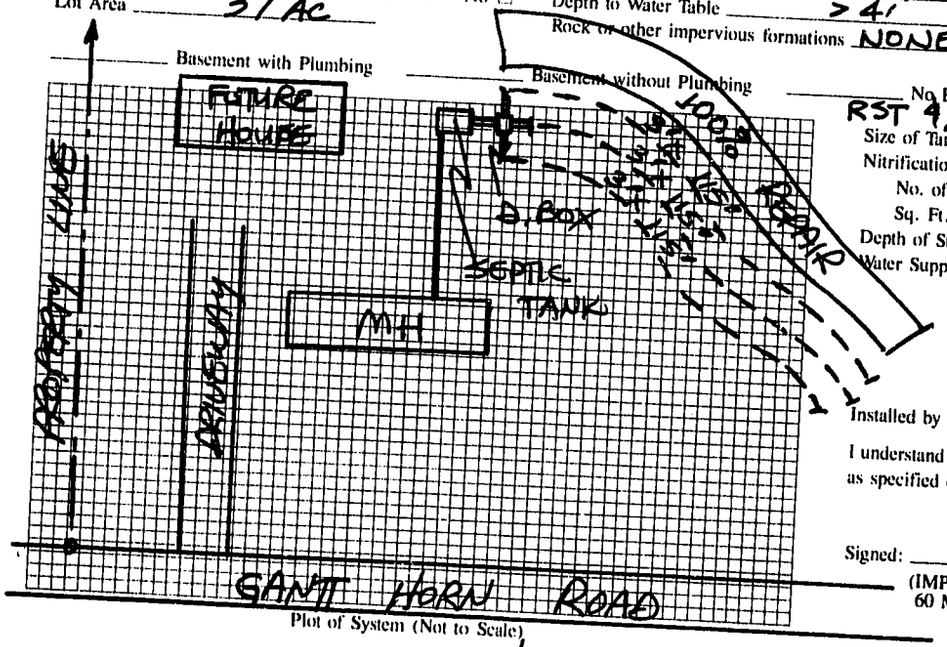
Soil Characteristics PS

Application Rate 0.35 GPD / FT²

Topography 10-15% NOSE SLOPE

Depth to Water Table >4'

Rock or other impervious formations NONE



Plot of System (Not to Scale)

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

RST 4/5/92

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 ☐

Installed by LARRY POWELL

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 HERRICK

COMMENTS

CERTIFICATE OF COMPLETION BY STEVE HERRICK

EXISTING SYSTEM CHECKED BY _____ DATE 6/22/92

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

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