43345

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14278

OWNER OR CONTRACTOR STEVE HELMS DATE 6/3/92 PERMIT NO. 120-A-78

PHONE: Business _____ Home _____

LOCATION US 64 E, TL SOCIETY CH. RD, TL SUNFLOWER RD, ~ 1/4 MILE ON (R) 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

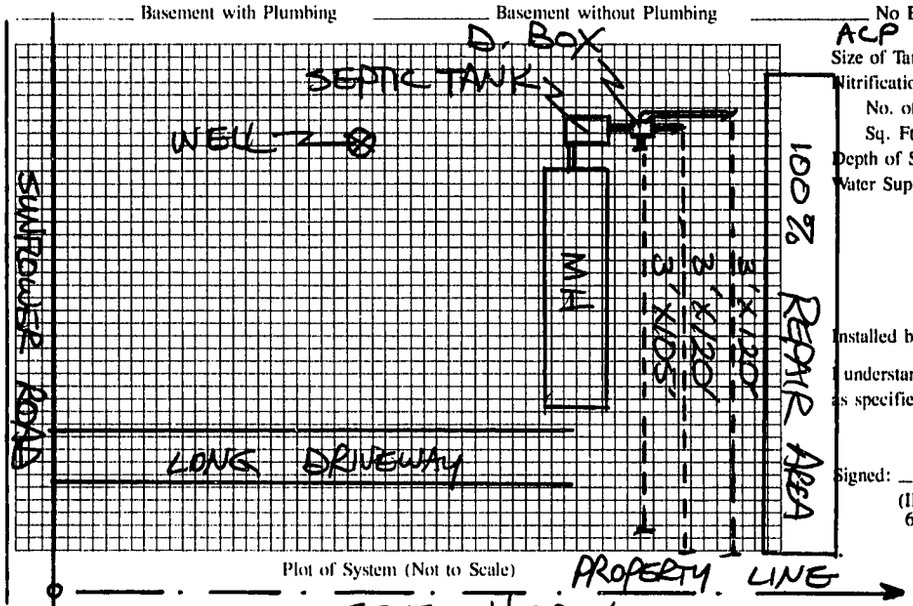
Application Rate 0.35 GPD / FT²

Topography 4-6% LINEAR SLOPE

Depth to Water Table >41

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 ACP 4/29/92 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 WAYNE POTTS

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 MH NOT ON SITE AT TIME OF INSPECTION,
② KEEP MH MINIMUM 5' FROM SYSTEM.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 6/3/92

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