IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15649 OWNER OR CONTRACTOR Timothy L. Doan DATE 4/29/93 PT PERMIT NO. 12-A-33

PHONE: Business _____ Home _____

LOCATION I-40 W, TL US 64 E AT COUNTY LINE TL BATTLE ROAD, TL VAUGHN MILL ROAD, ~1.0 MILE ON (R) BACK IN WOODS SR 2145

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

D/W

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 10.1 Ac

Soil Characteristics PS

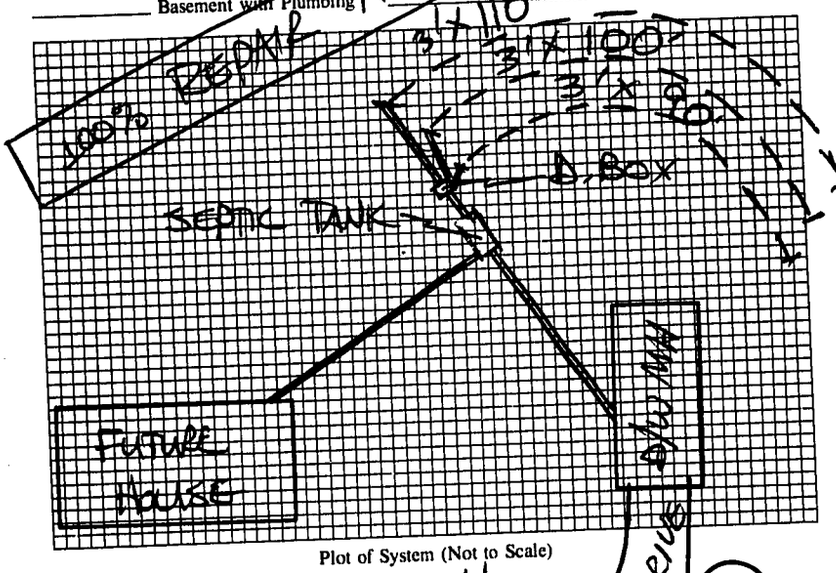
Application Rate 0.40 GPD / FT²

Topography 4-6% NOSE

Depth to Water Table > 4'

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 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐

Installed by STEVE JORDAN

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

(1) KEEP D/W MH MINIMUM 5' FROM SEPTIC SYSTEM

(2) D/W MH TO BE REMOVED UPON OCCUPANCY OF HOUSE

(3) REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HERRICK DATE 4/29/93

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