IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15268

OWNER OR CONTRACTOR JOHN STERGAS DATE 10/26/92 PERMIT NO. 92K-1-A-6

PHONE: Business _____ Home _____

LOCATION US 21 N, TR NC 901 E, ON (L) JUST PAST GUILFORD ROAD S.R. No. _____

SUBDIVISION NAME EMILY STROUD VICK, PROP LOT NO. 6 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ S/W Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 0.660 AC

Soil Characteristics PS

Application Rate 0.33 GPD/FT² 6-8" LINEAR

Topography >4'

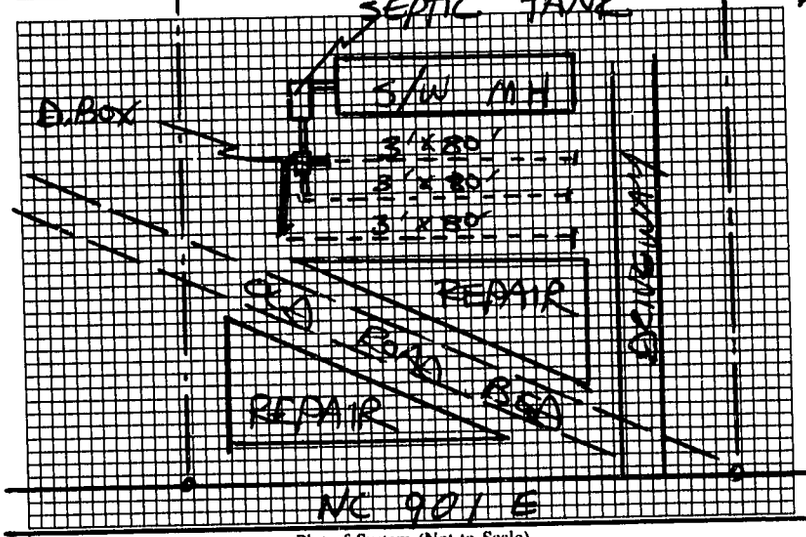
Depth to Water Table NONE

Rock or other impervious formations _____

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

REPAIR

SEPTIC TANK



Plot of System (Not to Scale)

ACP 7/12/92

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by A-1 BACKHOE

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 HEARICK

COMMENTS REPAIR AREA IS 100%. CONVENTIONAL GRAVITY - F&A TO FRONT // PUMP TO REAR.

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 10/26/92

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