46577

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15960

OWNER OR CONTRACTOR ARNOLD MITCHELL DATE 4/26/93 PERMIT NO. 12K-1-A-9

PHONE: Business _____ Home _____

LOCATION US 21 N, TR NC 901 E, 2ND LOT ON (L) PAST GUILFORD ROAD, S.R. No. _____

SUBDIVISION NAME EMILY STROUD VICK LOT NO. 9 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 64 x 222' x 195 x 265' 222'

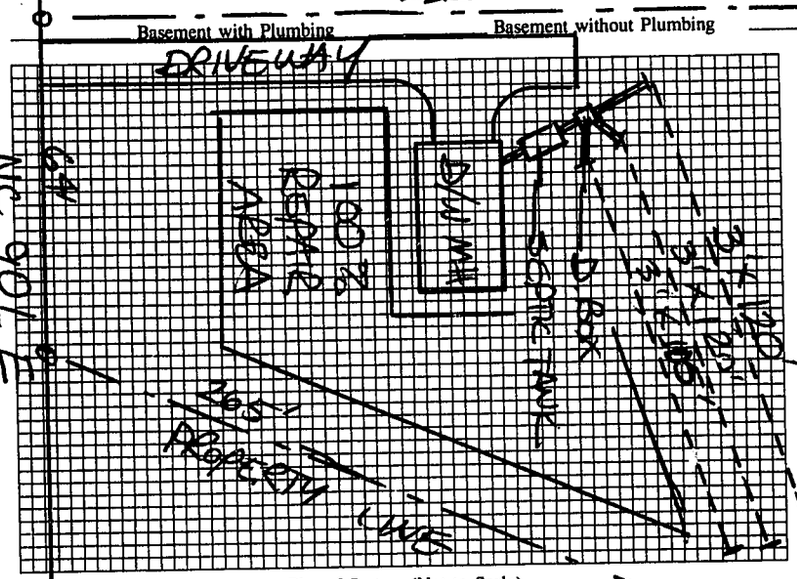
Soil Characteristics PS

Application Rate 0.35 GPD / FT²

Topography 2-4% LINEAR >4%

Depth to Water Table _____

Rock or other impervious formations NONE



Plot of System (Not to Scale)

☐ No Basement ☑ Crawl Space

TP

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 ☐ Public ☑

195'

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 4/26/93

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