42869

IREDELL COUNTY HEALTH DEPARTMENT

14444 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR DARRELL & DEBORA HARPE DATE 1/28/93 PERMIT NO. 12K-A-72

PHONE: Business _____ Home _____

LOCATION I-40 E, TL AT COUNTY LINE ON US 64 E, TL NC 901 E, 2ND DRIVE ON (R) PAST IREDELL/DAVIE LINE (IREDELL SIDE) S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 1/2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 210' x 415'

Soil Characteristics PS

Application Rate 0.35 GPD / FT2

Topography 6-8% LINEAR

Depth to Water Table >4'

Rock or other impervious formations NONE

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

SST 10/10/92 Size of Tank 1000 Gals.

Nitrification Field:

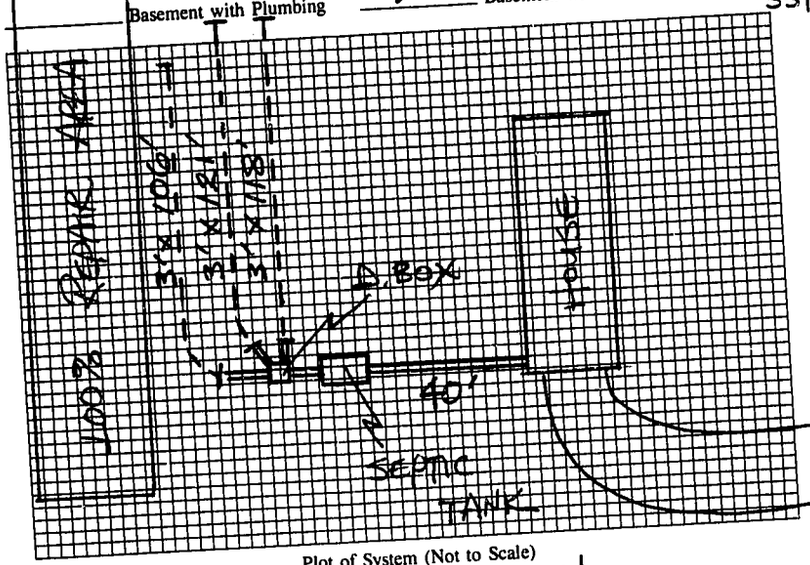
No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐



Plot of System (Not to Scale)

Installed by _____

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 - FEA

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 1/28/93

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

NC 901 E