14965 44009

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MICHAEL SPENCE DATE 3/2/93 PERMIT NO. 4L-A-3

PHONE: Business _____ Home _____

LOCATION NC 115N, TL DAMASCUS CHURCH ROAD, CONTINUE WESTON CATTLEMAN'S ROAD, LAST HOUSE ON (L) BEFORE COUNTY LINE S.R. No. 1855

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

House ☑ Mobile Home ☐ Business ☐ Other 2ND STORY ADDITION OF BR/BATH

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 P3

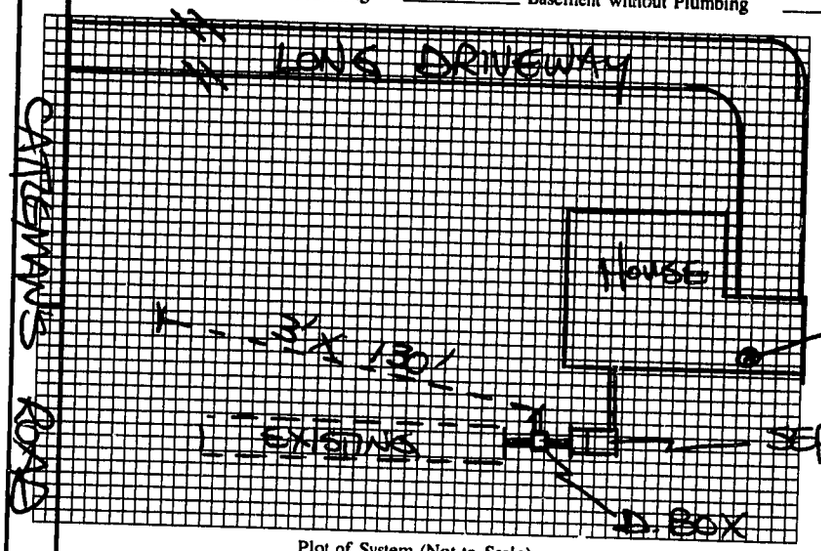
Application Rate 0.40 GPD/FT2

Topography 3-4% LS

Depth to Water Table 54"

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 EXISTING Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 390 Linear Ft. 130

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐

Installed by WES LYTON

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 SEPTIC TANK PUMPED, ② NEW SANITARY TEE INSTALLED, ③ NEW D. BOX INSTALLED AT LOCATION SHOWN. ④ NEW 3'X130' LINE INSTALLED AS SHOWN

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 3/2/93

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