IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

13677

OWNER OR CONTRACTOR CHARLES W. PEGRAM DATE 6/15/92 PERMIT NO. 14M-A-50

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL MOUNTAIN VIEW ROAD, TL BROOKHAVEN ROAD, DRIVE ON (R) JUST ACROSS FROM 1ST SHOEMAKER FARM LOOP S.R. No. _____

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

House [ ] Mobile Home [✓] TRIPLE-WIDE Business [ ] Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes [ ] No [✓]

Auto. Dishwasher Yes [✓] No [ ]

Auto. Wash. Machine Yes [✓] No [ ]

Lot Area 20.12 AC

Soil Characteristics PS

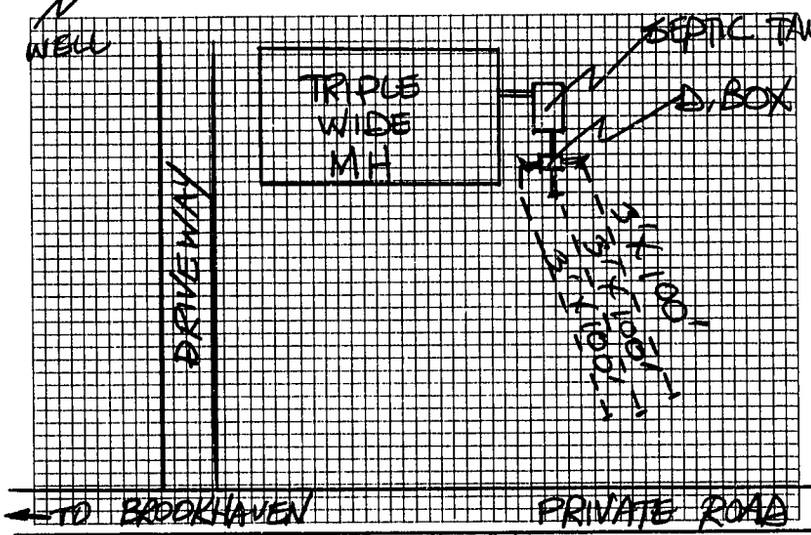
Application Rate 0.40 GPD / FT²

Topography 6-8% NOSE SLOPE

Depth to Water Table >4'

Rock or other impervious formations SCATTERED ROCK

[X] Basement with Plumbing [ ] Basement without Plumbing [✓] No Basement [ ] Crawl Space



Plot of System (Not to Scale)

B&C

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 DON GRIT

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 _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 6/15/92

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