IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14416

OWNER OR CONTRACTOR LAWRENCE MABRY, III DATE 6/25/92 PERMIT NO. 14M-A-117

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL MOUNTAIN VIEW ROAD, TR BACON ROAD, ~1/4 MILE ON (R) S.R. No. _____

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

House ☐ Mobile Home ☑ TEMPORARY Business ☐ Other PLANNED FOR FUTURE 3 BR HOUSE

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 5.22 AC

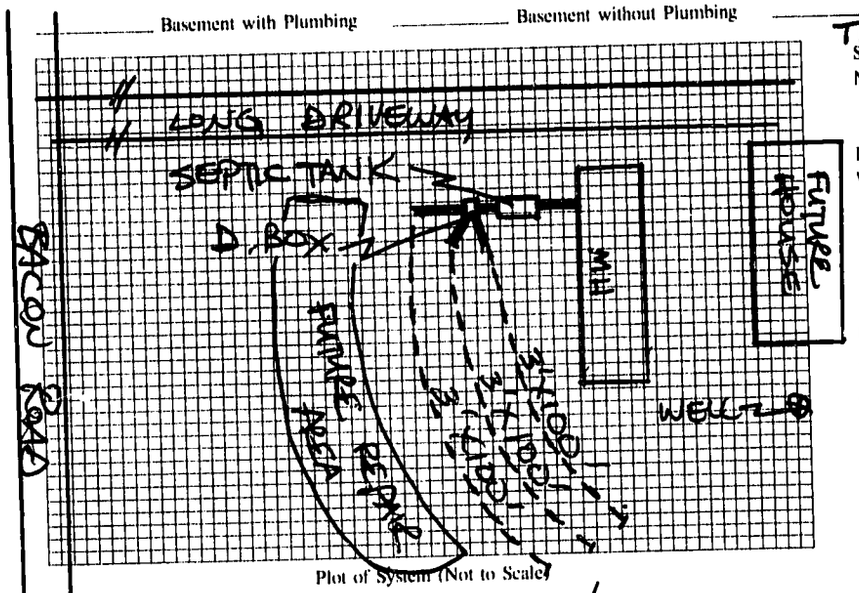
Soil Characteristics PS

Application Rate .4 GPD/FT²

Topography 10-15% NOSE SLOPE

Depth to Water Table 24"

Rock or other impervious formations SCATTERED ROCK



Plot of System (Not to Scale)

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

TP 4/25/92

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 TOM HARTNESS

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 _____

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