42770

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14369

OWNER OR CONTRACTOR ROGER J. & AMY COOK DATE 4/14/92 PERMIT NO. 14K-A-9A

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL MOUNTAIN VIEW ROAD, TL ON PRIVATE DRIVE ACROSS FROM DAWSON ROAD, ON © BEFORE END S.R. No. _____

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

House ☐ Mobile Home ☑ DBL-WIDE Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics PS

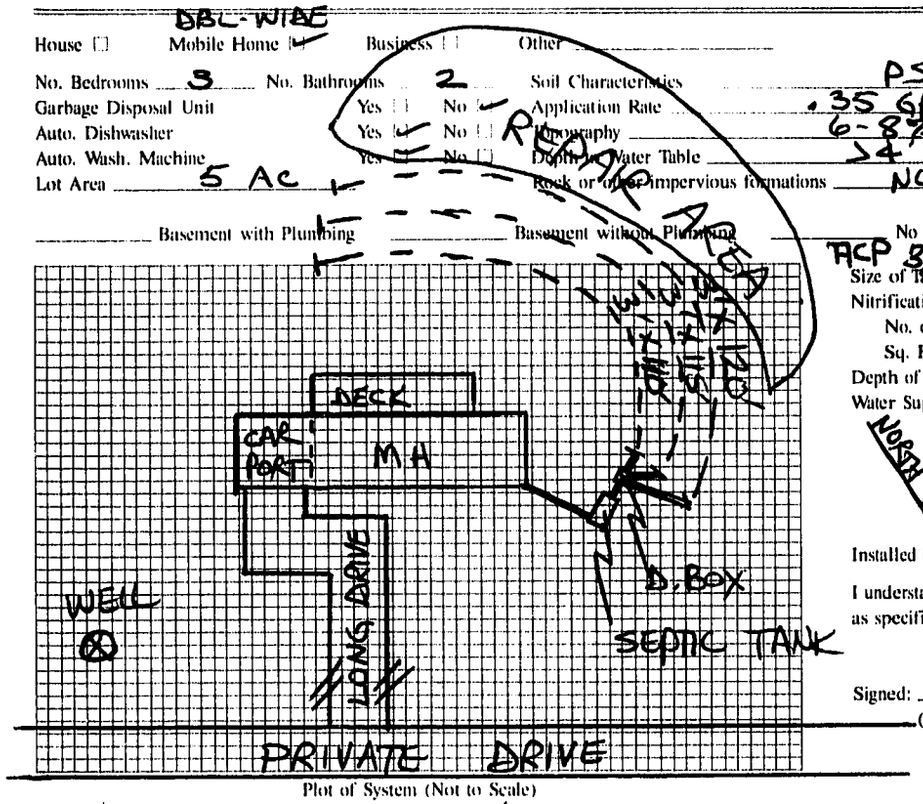
Garbage Disposal Unit Yes ☐ No ☑ Application Rate .35 GPD/FT²

Auto. Dishwasher Yes ☑ No ☐ Topography 6-8% N S

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table 54

Lot Area 5 Ac Rock or other impervious formations NONE

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



Plot of System (Not to Scale)

ACP 3/5/92 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 ☐

NORTH

Installed by KENNY PEARSON

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 4/14/92

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