14528

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR WILLIAM F + OLLIE HOLLAND DATE 4/30/92 PERMIT NO. 14M-A-38

PHONE: Business ______ Home ______

LOCATION NC 115 N, TL MTN VIEW CH. ROAD, ON (R) ~ 2 1/2 MILES AT WHITE HOUSE WITH BLUE TRIM S.R. No. ______

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

House [ ] Mobile Home [✓] Business [ ] Other ______

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes [ ] No [✓]

Auto. Dishwasher Yes [✓] No [ ]

Auto. Wash. Machine Yes [✓] No [ ]

Lot Area AMPLE

Soil Characteristics PS

Application Rate 0.35 GPD / FT²

Topography 6-8% HS

Depth to Water Table > 4'

Rock or other impervious formations SCATTERED SURFACE ROCKS

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

TP 3/13/92

Size of Tank 1000 Gals.

Nitrification Field:

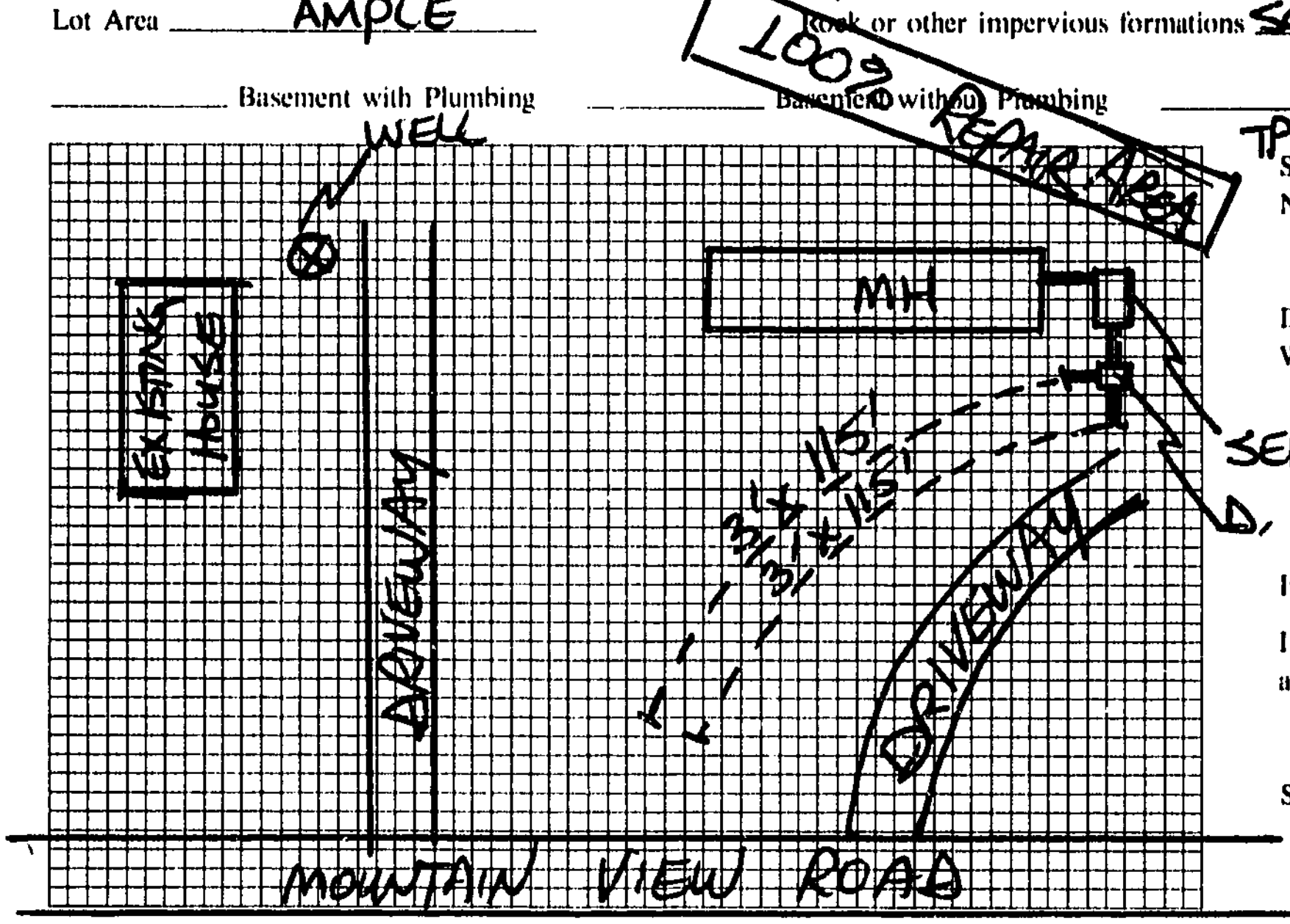
No. of Lines 2

Sq. Ft. 690 Linear Ft. 230

Depth of Stone in Lines 12"

Water Supply: Individual [✓] WELL NEXT DOOR

Public [ ]



Plot of System (Not to Scale)

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 HEARICK

COMMENTS (1) REPAIR AREA IS 100% CONVENTIONAL GRAVITY-FED, (2) MH NOT ON SITE AT TIME OF INSPECTION, KEEP MH MINIMUM 5' FROM SYSTEM.

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 4/30/92

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