15738

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR DEVID C. HICKS DATE 3/23/93 PERMIT NO. 14J-A-100

PHONE: Business _____ Home _____

LOCATION NC 115 N, TR WILSON FARM ROAD, TL HICKS ROAD, LAST DRIVE ON (L) BEFORE END, 1ST MH ON (L) S.R. No. _____

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

D/W

House ☐ Mobile Home ☑ Business ☐ Other _____

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 PS

Application Rate 0.40 GPD/FT²

Topography 4-6% NOSE

Depth to Water Table >4'

Rock or other impervious formations SMALL SURFACE ROCK

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

ACP 2/1/93

Size of Tank 1000 Gals.

Nitrification Field:

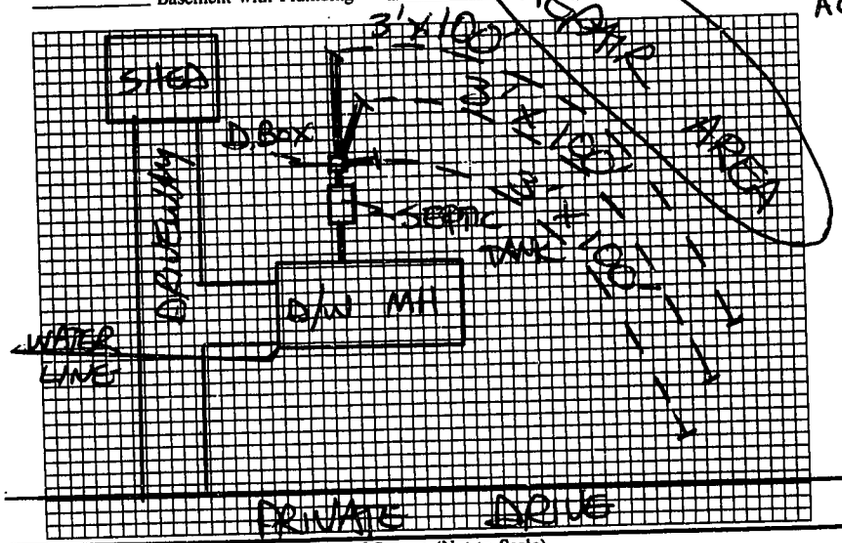
No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL NEXT DOOR

Public ☐



Plot of System (Not to Scale)

Installed by LARRY POWELL

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 HENDRICK

COMMENTS (1) KEEP MH MINIMUM 5' FROM SYSTEM

(2) REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HENDRICK DATE 3/23/93

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