44000

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14955 JOHN R. JOHNSON

OWNER OR CONTRACTOR FANNIE H. JOHNSON DATE 9/1/92 PERMIT NO. 15A-A-22

PHONE: Business _____ Home _____

LOCATION NC 115 N, TR BRUCE ROAD, TL PRIVATE DRIVE JUST BEFORE ESTES ROAD, MH BACK OFF ROAD S.R. No. _____

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

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 1.8 AC

Soil Characteristics PS

Application Rate 0.35 GPD / FT²

Topography 6-8% NOSE SLOPE

Depth to Water Table 54"

Rock or other impervious formations NONE NOTED

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

ACP 6/23/92

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 ☐

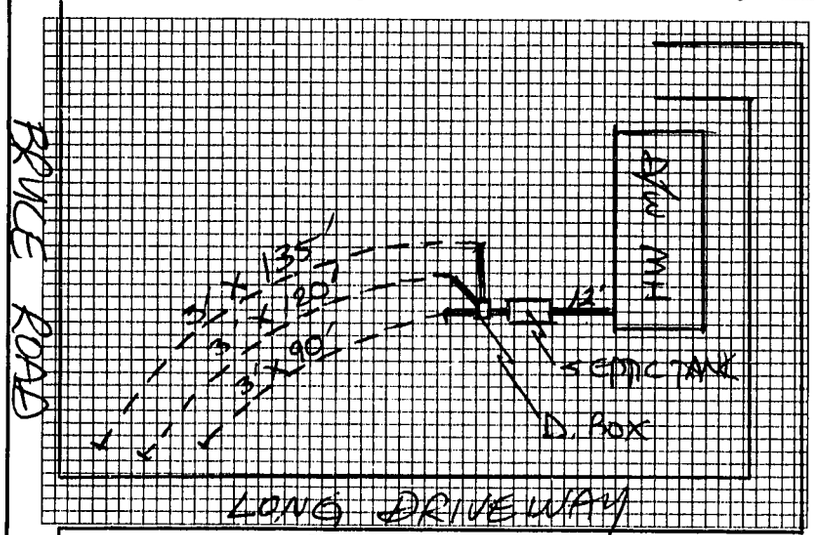
STEP

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.)



Plot of System (Not to Scale)

IMPROVEMENT PERMIT BY STEVE HEDRICK

COMMENTS REPAIR AREA IS 100% CONVENTIONAL GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 9/1/92

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: ESTES Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold ROAD