IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15070

OWNER OR CONTRACTOR KIMBERLY V. HALL DATE 8/21/92 PERMIT NO. 15J-A-62

PHONE: Business _____ Home 592-4805

LOCATION NC 115N, 2ND DRIVE ON (R) PAST ROCKY CREEK

S.R. No. _____

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

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics PS

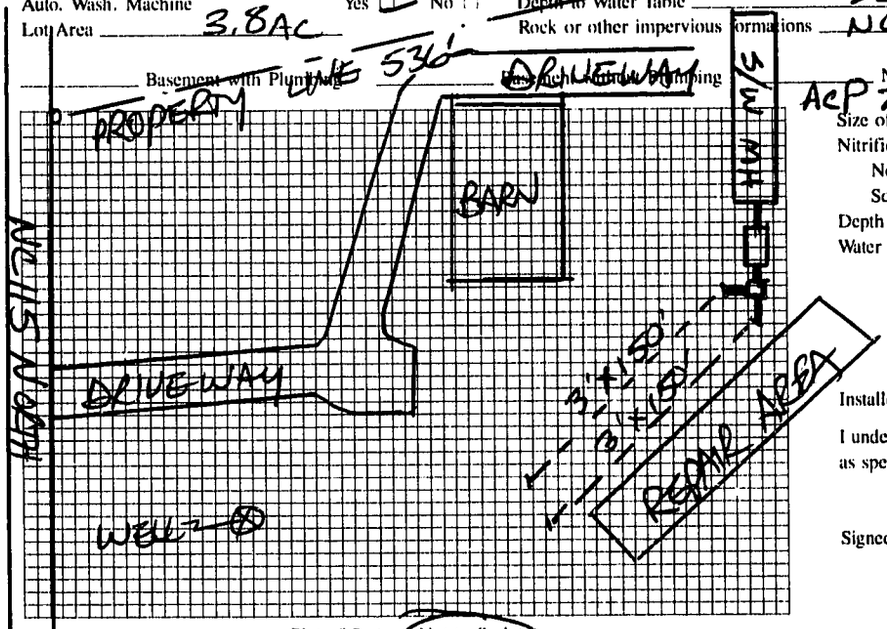
Garbage Disposal Unit Yes ☐ No ☑ Application Rate 0.40 GPD/FT²

Auto. Dishwasher Yes ☑ No ☐ Topography 4-6% LINEAR SLOPE

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table >4'

Lot Area 3.8AC Rock or other impervious formations NONE

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



Plot of System (Not to Scale)

AcP 7/8/92

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐ NEXT DOOR

Installed by A-1 BACKHOE

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 8/21/92

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