IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15091

OWNER OR CONTRACTOR DIANE KNOX DATE 8/24/92 PERMIT NO. 15H-A-69

PHONE: Business _____ Home _____

LOCATION NC 115 N, TR 2ER ROAD, ON (R) ~0.35 MILE BEFORE GRASSY KNOB ROAD. S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other SYSTEM SIZED FOR 3BR

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 7.5AC

Soil Characteristics PS

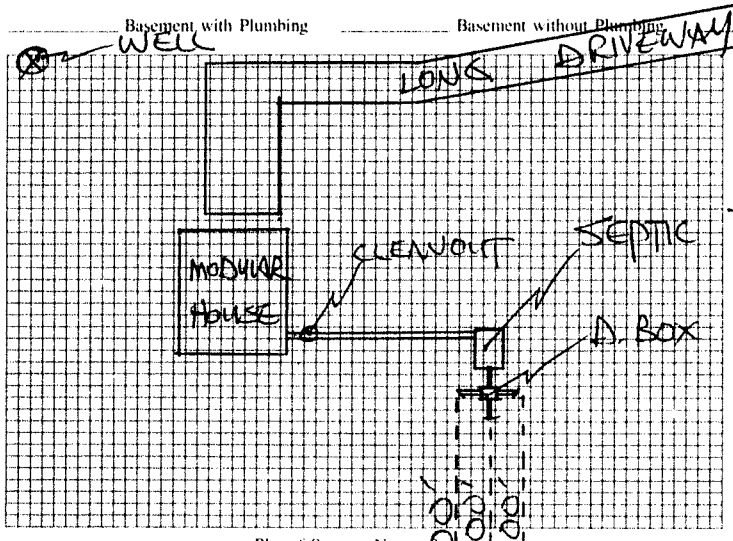
Application Rate 0.90 GPD / FT²

Topography 4-6% LINEAR SLOPE

Depth to Water Table >4'

Rock or other impervious formations SCATTERED SURFACE ROCK

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



Plot of System (Not to Scale)

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

Public ☐

1988 Installed by DENNIS GALLIHER

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 _____

COMMENTS

① HOUSE NOT ON SITE AT TIME of INSPECTION, KEEP HOUSE MINIMUM 5' FROM SYSTEM. ② USE CLEANOUT BETWEEN HOUSE & SEPTIC TANK.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY STEVE HENDRICK DATE 8/24/92

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

~0.35 MI // ZEB ROAD // GRASSY KNOB ROAD