IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15452 OWNER OR CONTRACTOR JAMES E. HOOTS DATE 1/4/93 PERMIT NO. 15P-A-20

PHONE: Business _____ Home _____

LOCATION NC 115 N, TR ZEB ROAD, ON (L) PAST HUNTING CREEK, BACK OFF ROAD S.R. No. _____

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

FUTURE House ☑ Mobile Home ☑ S/W Business ☐ Other PLANNED FOR 3BR HOUSE

No. Bedrooms 3 No. Bathrooms 2½ Soil Characteristics PS

Garbage Disposal Unit Yes ☐ No ☑ Application Rate 0.35 GPD/FT²

Auto. Dishwasher Yes ☑ No ☐ Topography 10-15% SHOULDER

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

Lot Area 49 ACRES Rock or other impervious formations SOME SURFACE ROCK

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

ACP 10/21/92 Size of Tank 1000 Gals.

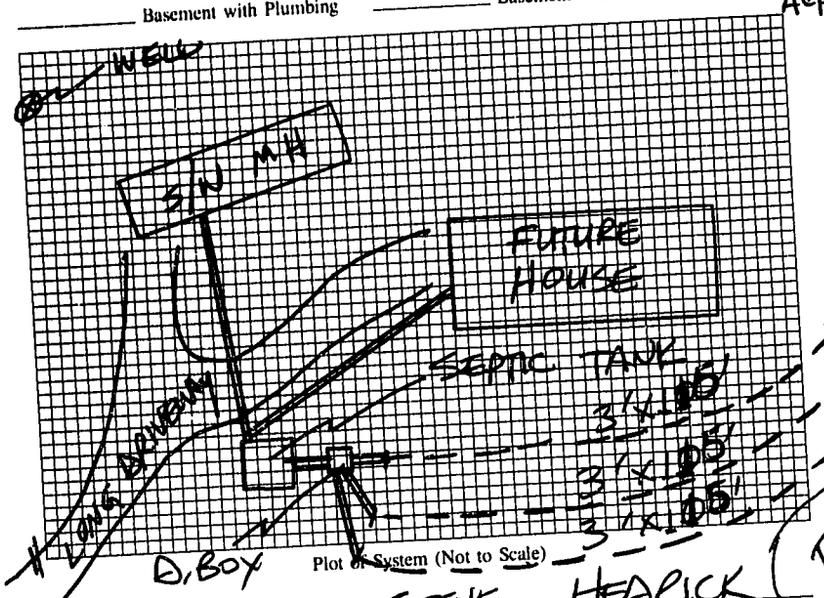
Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐



Plot of System (Not to Scale)

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.)

REPAIR

IMPROVEMENT PERMIT BY STEVE HEDRICK

COMMENTS REPAIR AREA IS 100% CONVENTIONAL - GRAVITY FED.

1/4/93

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE [redacted]

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