45837

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15477

OWNER OR CONTRACTOR LORI K. FLOYD DATE 12/15/92 PERMIT NO. PART OF 16G-A-76

PHONE: Business _____ Home _____

LOCATION US 21 N, TL JENNINGS ROAD, TL EUREPTIC SPRINGS ROAD, ~0.25 MILE ON (R)

SUBDIVISION NAME _____ S.R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ S/W Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~1.5 AC

Soil Characteristics PS

Application Rate 0.33 GPD / FT2

Topography 8-10% LINEAR

Depth to Water Table >4'

Rock or other impervious formations SMALL SCATTERED ROCK

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

CRS 8/11/92

Size of Tank 1000 Gals.

Nitrification Field:

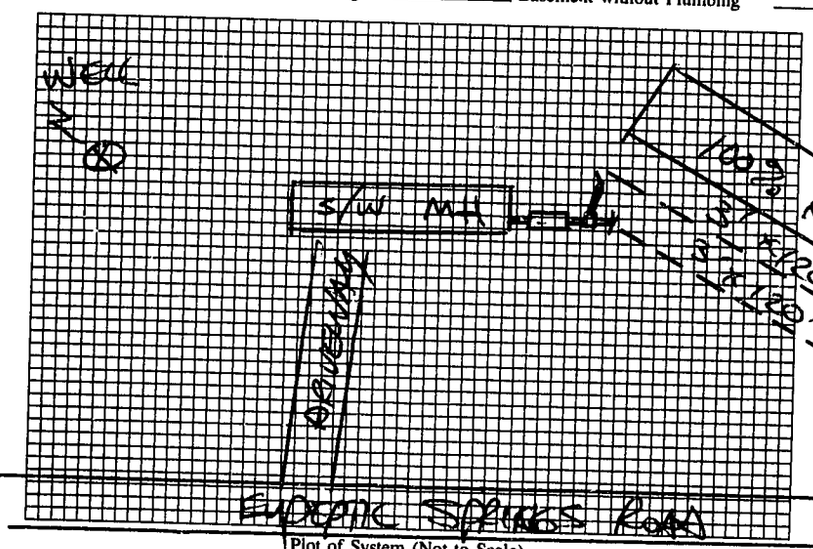
No. of Lines 2

Sq. Ft. 730 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐



Plot of System (Not to Scale)

Installed by SAMMY REAVIS

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 12/15/92

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