IREDELL COUNTY HEALTH DEPARTMENT

14613 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR LUIN DERRICK CORNETT DATE 7/28/92 PERMIT NO. 16G-A-63

PHONE: Business _____ Home _____

LOCATION US 21 N, TL JENNINGS ROAD, TL TRUMPET BRANCH ROAD, ON (R) ~ 1/4 MILE 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 47.0 AC

Soil Characteristics PS

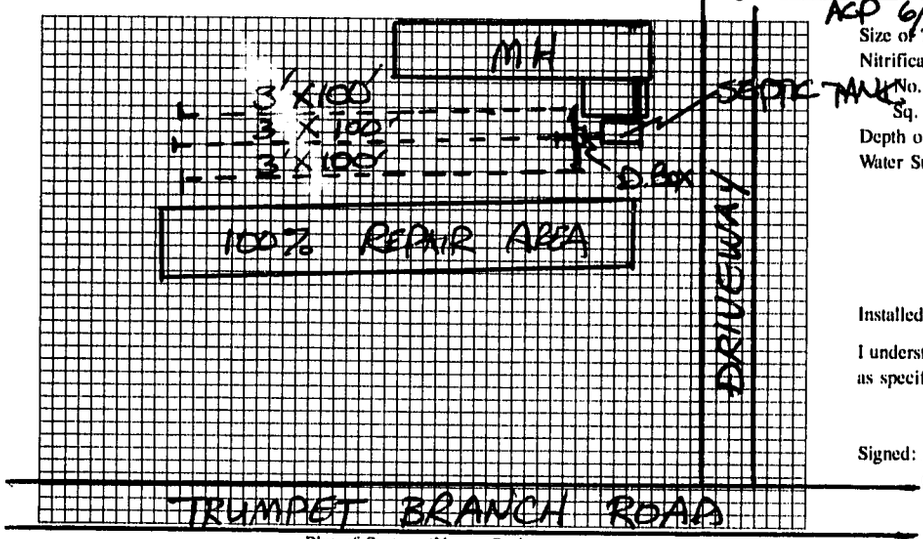
Application Rate 0.40 GPD / FT²

Topography 2-4 % NOSE SLOPE

Depth to Water Table >4'

Rock or other impervious formations NONE NOTED

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



Plot of System (Not to Scale)

ACP 6/1/92

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 ACROSS ROAD

Public ☐

Installed by LUIN DERRICK CORNETT

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 7/28/92

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