IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14126
OWNER OR CONTRACTOR ROGER L. IRELAND DATE 4/14/92 PERMIT NO. 16H-A-35

PHONE: Business _____ Home _____

LOCATION I-77N, TL NC 901, TL SLOAN'S MILL ROAD, ON (R) ~ 1 MILE, JUST PAST ANDERSON ELECTRIC 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 25.5 AC

Soil Characteristics PS

Application Rate 0.4 GPD / FT²

Topography 8 - 10% LS

Depth to Water Table > 4'

Rock or other impervious formations NONE

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

TP 3/3/92

Size of Tank 1000 Guls.

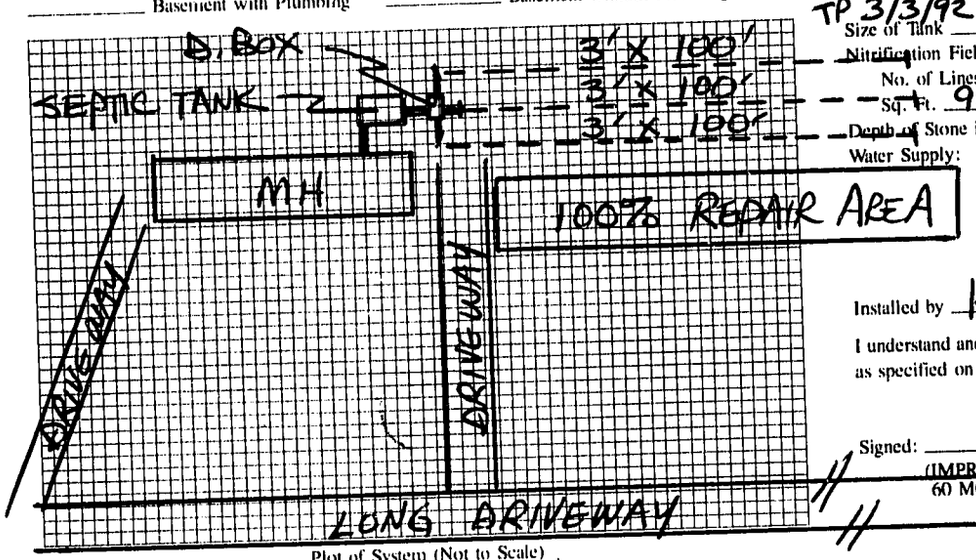
Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual [✓] WELL Public [ ]



Plot of System (Not to Scale)

Installed by KEITH SPEECE

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.)

SLOAN'S MILL ROAD

IMPROVEMENT PERMIT BY STEVE HEDRICK

COMMENTS ① MH NOT ON SITE AT TIME OF INSPECTION, KEEP MH MINIMUM 5' FROM SEPTIC SYSTEM ② REPAIR AREA IS 100% CONVENTIONAL GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 4/14/92

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