44823

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15256

OWNER OR CONTRACTOR ZEB M. SPEECE DATE 11/12/92 PERMIT NO. 166-A-88

PHONE: Business _____ Home _____

LOCATION US 21N, TL JENNINGS ROAD, TR INDIAN HILL ROAD, ON (L) ~1.5 MILE. S.R. No. _____

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

House ☐ Mobile Home ☐ Business ☑ Other STORAGE BUILDING FOR RECORDS (2) 100 GPD

No. Bedrooms N/A No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☑

Lot Area 101' x 351' ± Ac

Soil Characteristics PS

Application Rate 0.40 GPD/FT²

Topography 4-6% NOSE SLOPE

Depth to Water Table >4'

Rock or other impervious formations NONE

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

ACP 9/22/92

Size of Tank 1000 Gals.

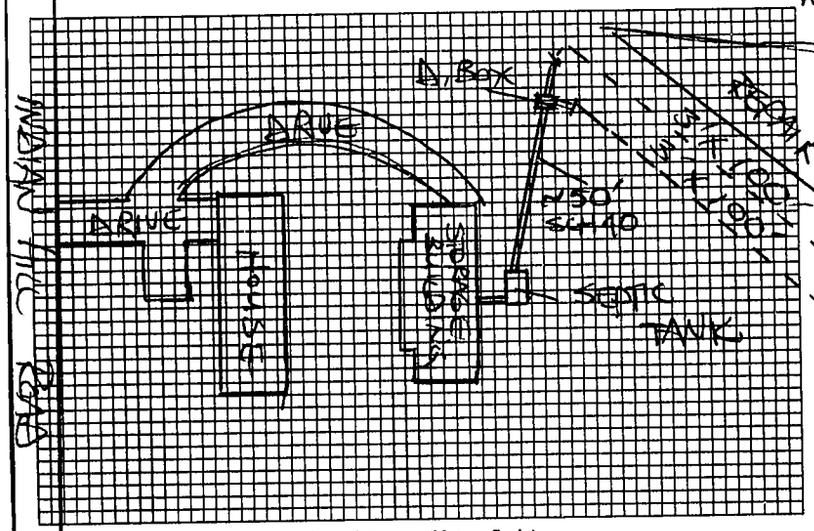
Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 2010

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.)

IMPROVEMENT PERMIT BY STEVE HEDRICK

COMMENTS REPAIR AREA IS 100% CONVENTIONAL - GRAVITY - FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 11/12/92

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