43253

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14597

OWNER OR CONTRACTOR CHRIS HUIE DATE 7/22/92 PERMIT NO. 16B-A-10

PHONE: Business _____ Home _____

LOCATION I-77 N, TL NC 901 W, TL SLOAN'S MILL ROAD, ON (R)
~ 1/2 MILE PAST HUIE ROAD 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 200 X 385'

Soil Characteristics PS

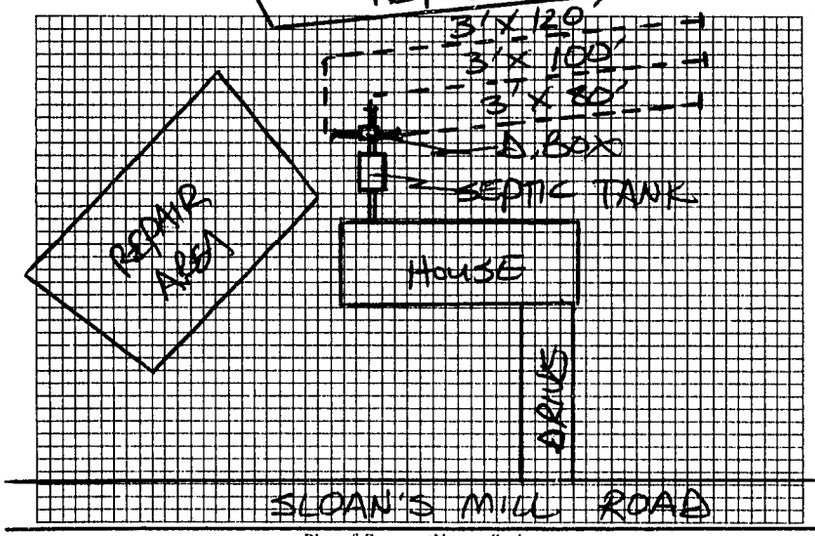
Application Rate 0.40 GPA / FT2

Topography 6-8% NOSE SLOPE

Depth to Water Table >4'

Rock or other impervious formations NONE

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



Plot of System (Not to Scale)

TP/5/13/92

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 ☐ Public ☑

Installed by JAMES HUBLER

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 _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 7/22/92

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