16202

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR PAMUNE E. HOLLAND DATE 5/7/93 PERMIT NO. 16H-A-18

PHONE: Business _____ Home _____

LOCATION I-77 N, TL NC 901 W, TR MULLS ROAD, TR AT END, TR ZION LIBERTY RD, AT END ON (R) OFF ROAD ~ 0.5 MILE S.R. No. 1817

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

S/W

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 ~ 20 ACRES

Soil Characteristics PS

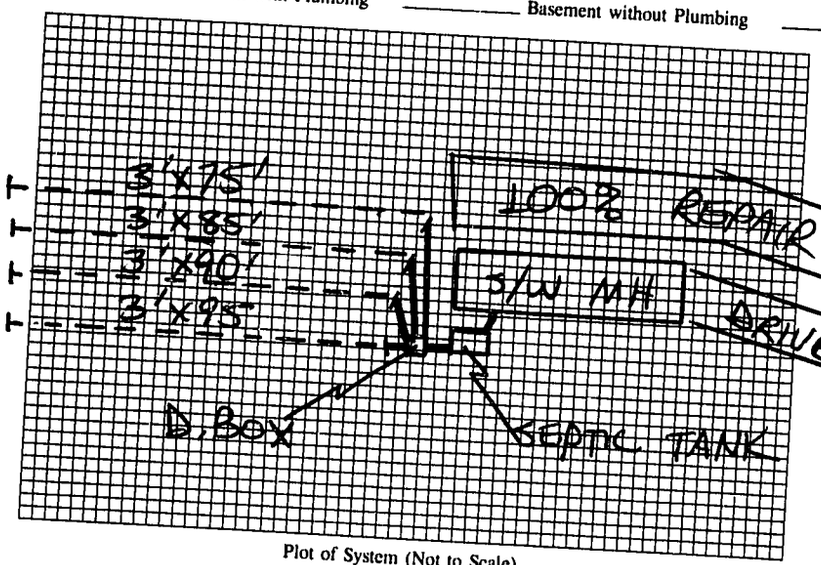
Application Rate 0.35 GPD/FT²

Topography 10-15% NOSE

Depth to Water Table 24'

Rock or other impervious formations MANY ROCK

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL AT NEIGHBORS.

Public ☐

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

(1) SEPTIC SYSTEM INSTALLED ACCORDING TO LAYOUT.
(2) REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED.
(3) KEEP MH MINIMUM 5' FROM SYSTEM

CERTIFICATE OF COMPLETION BY STEVE HEDRICK

EXISTING SYSTEM CHECKED BY _____ DATE 5/7/93

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

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