42978

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14474

OWNER OR CONTRACTOR DARRELL RAYVON GATTON DATE 5/25/92 PERMIT NO. 12P-A-76

PHONE: Business _____ Home _____

LOCATION US 21 N, TL TABOR ROAD, ON (R) OFF ROAD BEHIND 2ND HOUSE BEFORE TABOR PRESBYTERIAN CHURCH S.R. No. _____

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

House [ ] Mobile Home [ ] Business [✓] Other BEAUTY SHOP W/ ONE CHAIR

No. Bedrooms N/A No. Bathrooms 1

Garbage Disposal Unit Yes [ ] No [✓]

Auto. Dishwasher Yes [✓] No [ ]

Auto. Wash. Machine Yes [✓] No [ ]

Lot Area 159 x 300 +/-

Soil Characteristics PS

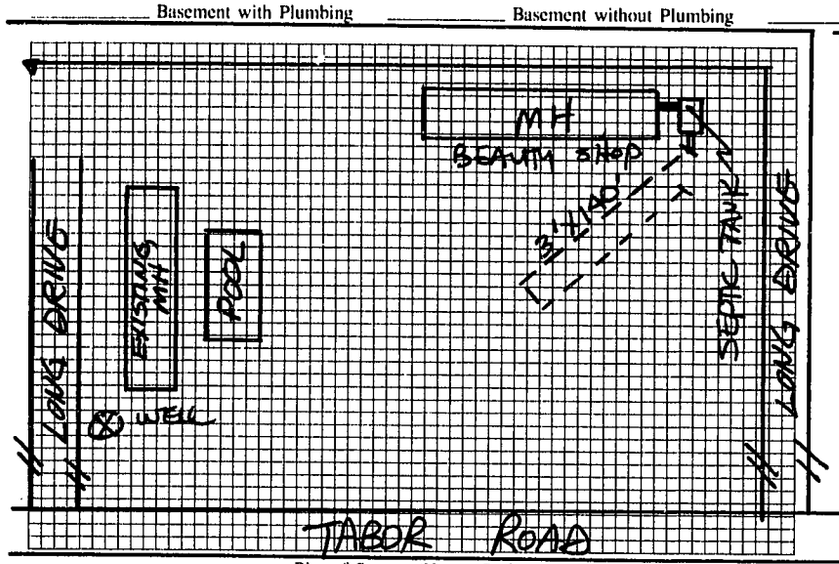
Application Rate 0.30 GPD / FT²

Topography 2-4% LINEAR SLOPE

Depth to Water Table > 4'

Rock or other impervious formations NONE

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



Plot of System (Not to Scale)

TP 4/7/92

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 420 Linear Ft. 140

Depth of Stone in Lines 12"

Water Supply: Individual [✓] WELL NEXT DOOR

Public [ ]

Installed by KEITH SPEECE GROUND WORKS

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 BEAUTY SHOP MH NOT ON SITE AT TIME OF INSPECTION, KEEP SHOP MINIMUM 5' FROM SYSTEM.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 5/25/92

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