IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

14156

OWNER OR CONTRACTOR WANDA DOCKERY DATE 3/17/92 PERMIT NO. 12N-A-28

PHONE: Business _____ Home _____

LOCATION US 21 N, TL TOMLIN ROAD, TL HICKORY GROVE ROAD, TR DUTCHMAN CREEK ESTATES, AT END ON (R) S. R. No. _____

SUBDIVISION NAME DUTCHMAN CREEK ESTATES LOT NO. 8 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 ( )

Site Suitable Yes (✓) No ( )

Lot Area ~125' x 330'

Character & Porosity of Soil PS

Percolation Rate .35 GPD/FT²

Topography 6-8% LS

Depth to Water Table >4'

Rock or other impervious formations NONE

ACP 1-24-92

( ) Basement with Plumbing (✓) Basement without Plumbing (✓) No Basement

Size of Tank 1000 Gals.

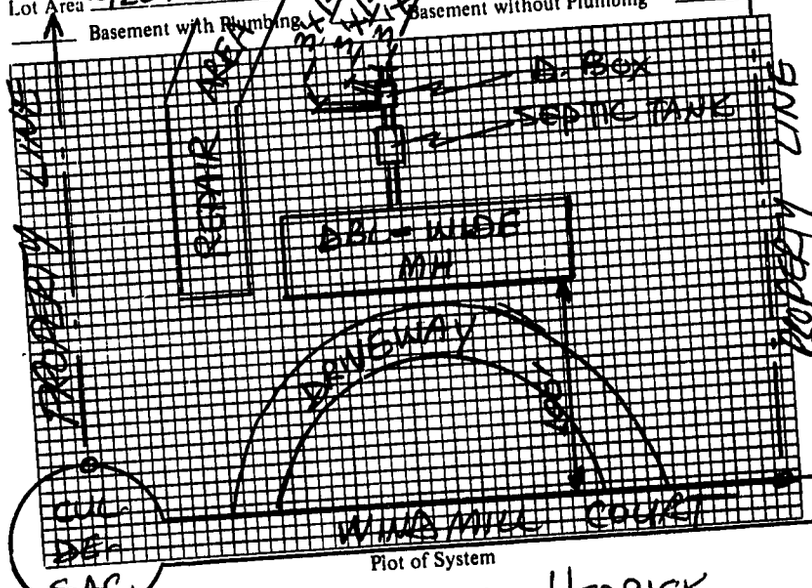
Nitrification Field:

No. of Lines _____ Linear Ft. 345

Sq. Ft. 1035 Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)



Plot of System

Installed by A-1 BACKHOE

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK DATE 3/17/92

COMMENTS: (1) REPAIR IS 100% CONVENTIONAL GRAVITY-FED WITH 0.30 GPD/FT² APPLICATION RATE.

(2) MH NOT ON SITE AT TIME OF INSPECTION, KEEP MH MINIMUM 5' FROM SYSTEM.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 3/17/92

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 false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold