IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14973

OWNER OR CONTRACTOR IREDELL Co. RESCUE SQUAD DATE 2/15/93 PERMIT NO. 17E-A-2A

PHONE: Business _____ Home _____

LOCATION US 21 N, TL TABOR ROAD, ON (R) JUST BEFORE NC 901.

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S.R. No. _____

NC 901

House ☐ Mobile Home ☐ Business ☑ Other RESCUE SQUAD W/ ~ 10 EMPLOYEES

No. Bedrooms — No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 200' X 300'

Soil Characteristics PS

Application Rate 0.36 GPD / FT²

Topography 2-4% LINEAR

Depth to Water Table >4'

Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ACP 10/24/92 Crawl Space

Size of Tank 1000 Gals.

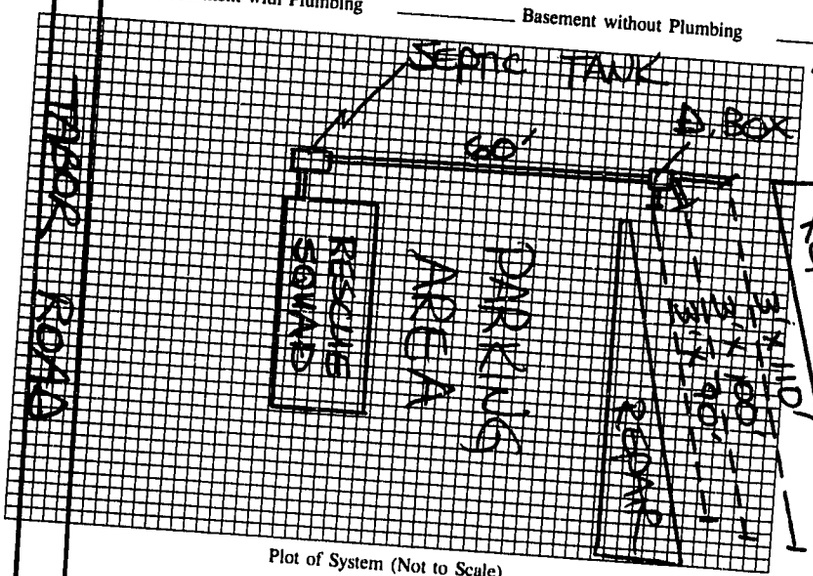
Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑



Plot of System (Not to Scale)

Installed by SAMMY REAVIS

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 IS 100% CONVENTIONAL, GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK

EXISTING SYSTEM CHECKED BY _____ DATE 2/15/93

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