IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14798

OWNER OR CONTRACTOR ERNEST H. RUNGE DATE 6/22/92 PERMIT NO. 12N-6-A-7

PHONE: Business _____ Home _____

LOCATION US 21 N, TL TOMLIN ROAD, TL HICKORY GROVE ROAD, TR WINDMILL COURT, LOT ON (R) JUST BEFORE CUL-DE-SAC S.R. No. _____

SUBDIVISION NAME DUTCHMAN CREEK EST. LOT NO. 7 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 125' x 343'

Soil Characteristics PS

Application Rate 0.35 GPD / FT²

Topography 4-6% LS

Depth to Water Table >4'

Rock or other impervious formations NONE

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

Ad 5/19/92

Size of Tank 1000 Gals.

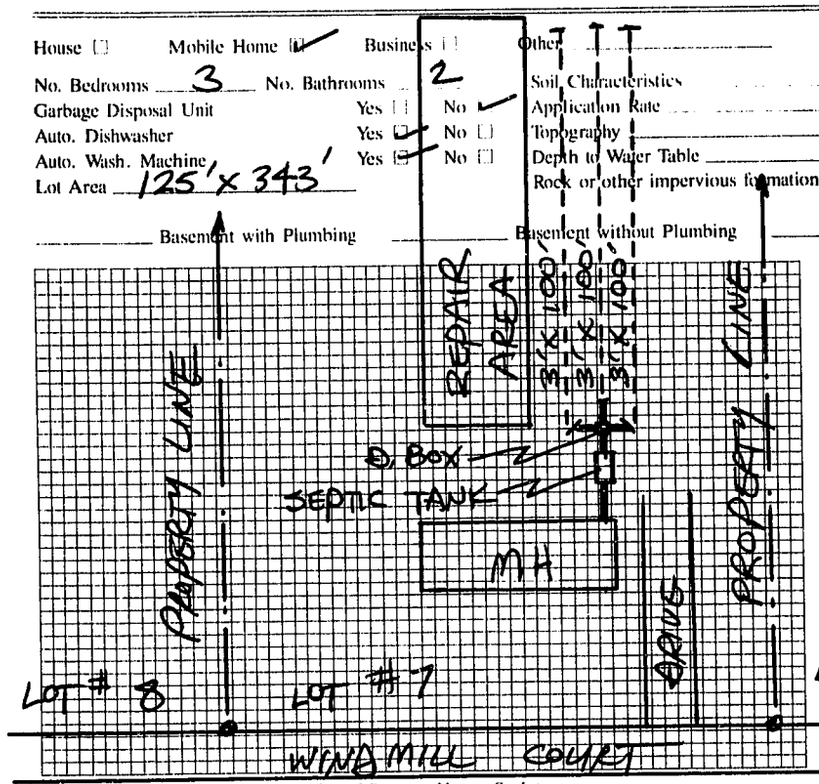
Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑



Plot of System (Not to Scale)

Installed by A-1 BACKHOE

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

LOT # 9

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

HICKORY GROVE ROAD

IMPROVEMENT PERMIT BY STEVE HEDRICK

COMMENTS ① MH NOT ON SITE AT TIME OF INSPECTION, KEEP MH MINIMUM 5' FROM SYSTEM ② REPAIR AREA IS 100% CONVENTIONAL GRAVITY-FED.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 6/22/92

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