Scott Stone

46394

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15778

OWNER OR CONTRACTOR ERNEST RUNGE DATE 2/23/93 PERMIT NO. 12N-6-A6

PHONE: Business 872-6645 Home

LOCATION US 21 N, TL TOMLIN ROAD, TL HICKORY GROVE ROAD, TR WINDMILL COURT, 5TH LOT ON (R) S.R. No.

SUBDIVISION NAME DUTCHMAN CREEK ESTATES LOT NO. SECTION OR BLOCK NO.

S/W

House ☐ Mobile Home ☑ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area AMPLE

Soil Characteristics PS

Application Rate 0.33 GPD/FT²

Topography 4-6% LINEAR

Depth to Water Table >4'

Rock or other impervious formations NONE

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

1/14/93

Size of Tank 1000 Gals.

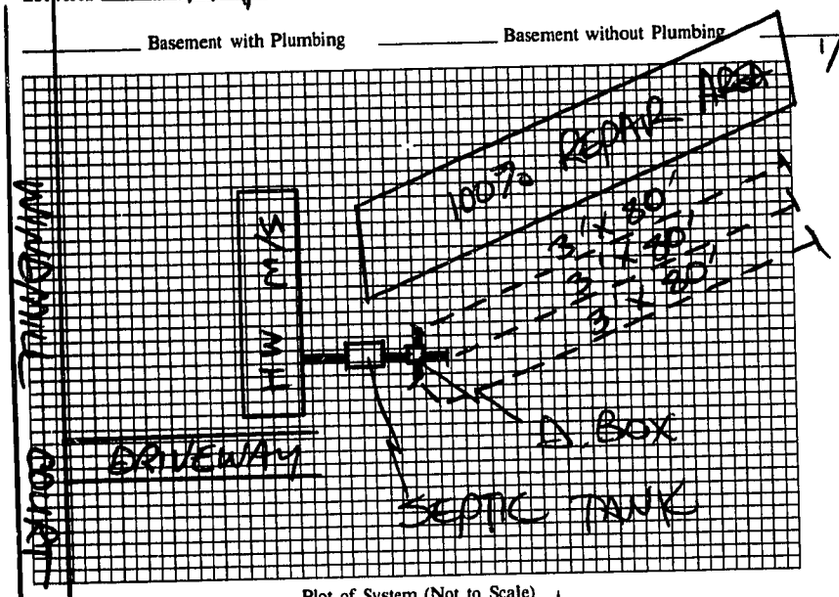
Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

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.

Signed: _____

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

IMPROVEMENT PERMIT BY STEVE HEARICK

COMMENTS ⊙ REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED

CERTIFICATE OF COMPLETION BY MIKE DENNIS / STEVE HEARICK DATE 2/23/93

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

HICKORY GROVE ROAD