11385

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR PHYLLIS DALTON DATE 12/16/92 PERMIT NO. 12N-A-191

PHONE: Business _____ Home _____

LOCATION US 21 N, TL TOMLIN ROAD, TL HICKORY GROVE ROAD, TL BUCKHEAD ROAD, ½ MILE ON (R) S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ 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 1.50 Ac

Soil Characteristics PS

Application Rate 0.40 GPD/FT2

Topography 2-4% LINEAR

Depth to Water Table > 4'

Rock or other impervious formations NONE

_____ Basement with Plumbing

100% Basement without Plumbing REPAIR AREA

_____ No Basement ✓ Crawl Space

TP 9/1/92

Size of Tank 1000 Gals.

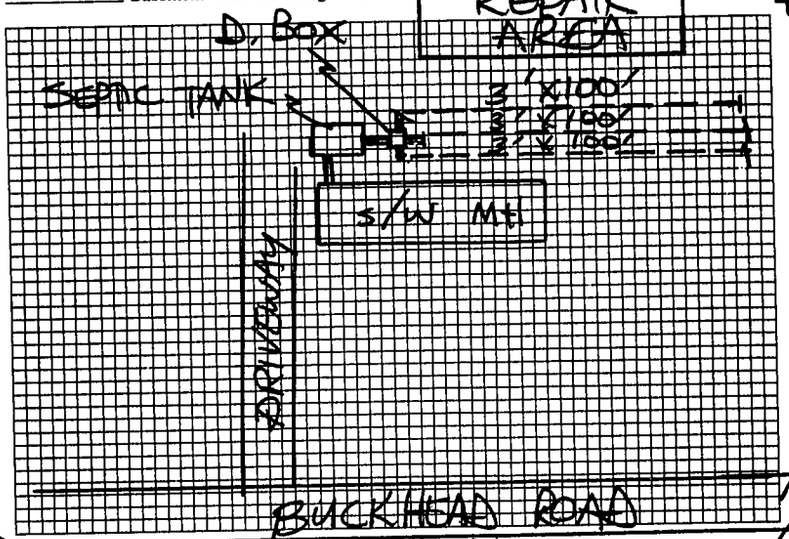
Nitrification Field:

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 FORREST STAFFORD

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 GLENN FOX, JR

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

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 12/16/92

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