Pd. #125

32059

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

08264

OWNER OR CONTRACTOR MARVIN POWERS DATE 12/14/92 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION US 21N, TL NC901 W, TL PRIVATE ROAD ACROSS FROM LITLE WILKSBRO ROAD, HOUSE AT END 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 AMPLE

Soil Characteristics PS

Application Rate .40 GPD/FT2

Topography 6-8% HEAD SLOPE

Depth to Water Table >4

Rock or other impervious formations NONE

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

Size of Tank 3000 Gals.

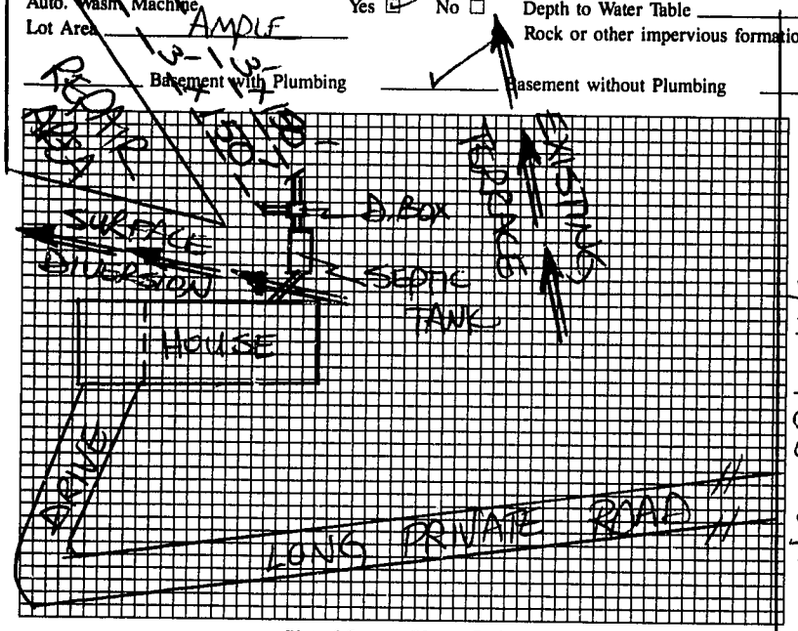
Nitrification Field:

No. of Lines 2

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 ① CARRY GUTTER DRAINS & SURFACE WATER FROM HOUSE AWAY FROM NITRIFICATION LINES ② REPAIR AREA IS 100% CONVENTIONAL, GRAVITY FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 12/14/92

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