16/18

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR GREGG A. STEVENSON DATE 5/3/93 PERMIT NO. 17K-A-15

PHONE: Business _____ Home _____

LOCATION I-77 N, TR NC 901 E, TL EAGLE MILL ROAD, TR HOUSTONVILLE ROAD, TL TROY MILL ROAD, ON (L) JUST BEFORE DARE ROAD S.R. No. 1831

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

S/W

House ☐ Mobile Home ☑ Business ☐ Other PLANNED FOR FUTURE 3BR

No. Bedrooms 2	No. Bathrooms 2	Soil Characteristics	PS
Garbage Disposal Unit	Yes ☐ No ☑	Application Rate	0.35 GPD/FT²
Auto. Dishwasher	Yes ☑ No ☐	Topography	4-6% LINEAR
Auto. Wash. Machine	Yes ☑ No ☐	Depth to Water Table	>4'
Lot Area ~10 ACRES		Rock or other impervious formations	NONE

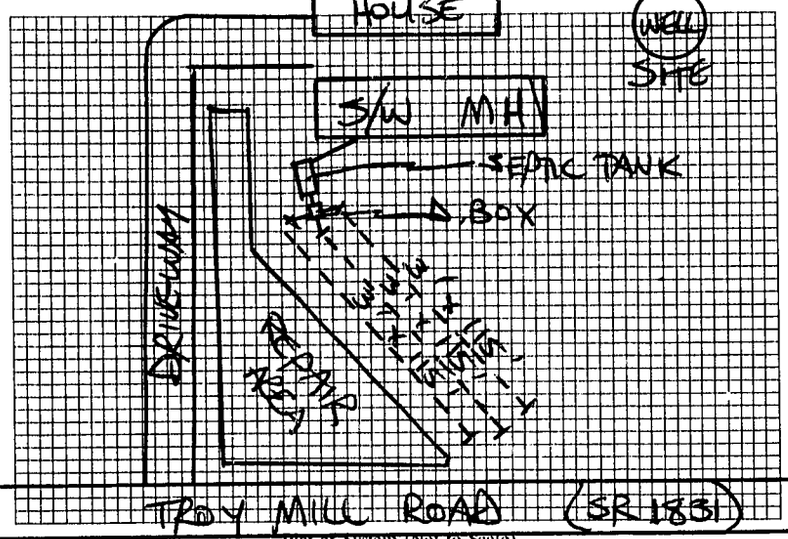
_____ Basement with Plumbing FUTURE HOUSE _____ Basement without Plumbing POTENTIAL _____ No Basement ✓ Crawl Space

TP

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 ☑ WELL
Public ☐



Plot of System (Not to Scale)

Installed by Tommy Frye

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 Herrick

COMMENTS REPAIR IS 100% CONV. GRAVITY-FED

DARE ROAD

CERTIFICATE OF COMPLETION BY Steve Herrick DATE 5/3/93

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