IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14901

OWNER OR CONTRACTOR DWIGHT DAVIS DATE 8/18/92 PERMIT NO. 17B-1-A-27

PHONE: Business _____ Home _____

LOCATION US 21 N, TR NC 901 E, TL SHEFFIELD ROAD, TL ROCK SPRINGS ROAD, MH ON (L) ~ ½ MILE S.R. No. _____

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

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 2.3 AC. ± STREAM

Soil Characteristics PS

Application Rate 0.35 GPD/FT²

Topography 10-15% NOSE SLOPE

Depth to Water Table >41

Rock or other impervious formations NONE

[✓] Basement with Plumbing [ ] Basement without Plumbing [ ] No Basement [✓] Crawl Space

CRS 7/7/92

Size of Tank 1000 Gals.

Nitrification Field:

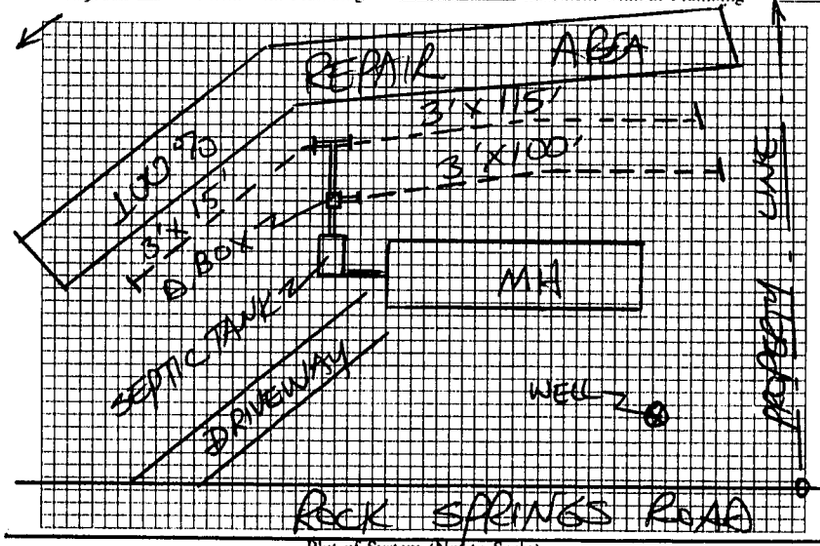
No. of Lines 2

Sq. Ft. 690 Linear Ft. 230

Depth of Stone in Lines 12"

Water Supply: Individual [✓] WELL

Public [ ]



Plot of System (Not to Scale)

Installed by TOMMY NIXON

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 HENDRICK

COMMENTS REPAIR AREA IS 100% CONVENTIONAL QUALITY-FEA

CERTIFICATE OF COMPLETION BY STEVE HENDRICK DATE 8/18/92

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