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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Jeffery A. Sharpe DATE 5-27-93 PERMIT NO. 93-A-101

PHONE: Business _____ Home 872-7626

LOCATION I40W TR Sharon School Rd. TL Walnut Tree Rd. Lot on L ≈ 1mile S.R. No. _____

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

House ☐ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 2.10 acres

Soil Characteristics P.S. Clay

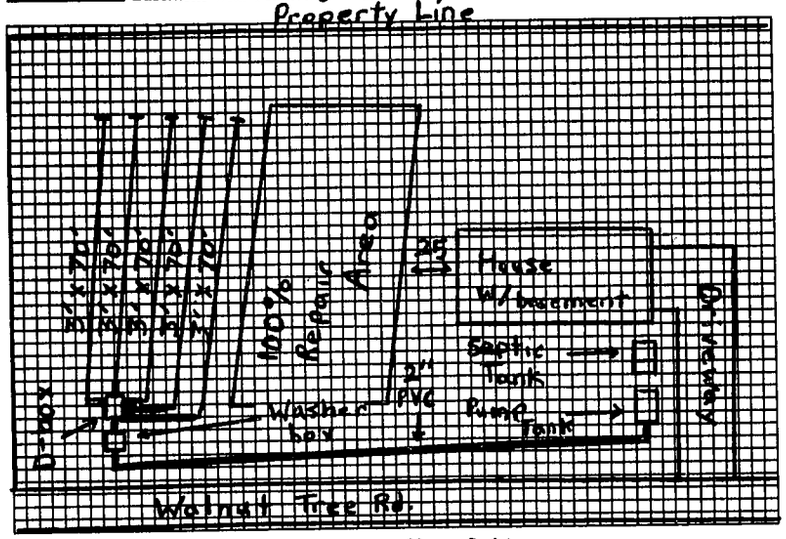
Application Rate .35 gpd/ft²

Topography 2-4% L

Depth to Water Table >5'

Rock or other impervious formations NA

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



Plot of System (Not to Scale)

Size of Tank 1000 (4-14-93) Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1050 Linear Ft. 350'

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Well

Public ☐

Pump tank 1000 gal (4-20-93)

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 Michael J. Dennis

COMMENTS 100% Repair Area below system, conventional, gravity fed from washer box.

CERTIFICATE OF COMPLETION BY Michael J. Dennis DATE 5-27-93

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