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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

PT. OF

OWNER OR CONTRACTOR JAMES L. FOSTER DATE 2-12-92. PERMIT NO 8N-A-79.

PHONE: Business _____ Home _____

LOCATION Mack mill Rd. off Aldntn Rd. - go approx. 1.5 miles on (R). Enter dev. - go 200 yards on (R). S.R. No. _____

SUBDIVISION NAME STEWART ACRES. LOT NO. 7. SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 1.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area .69 acres.

Soil Characteristics Prop. Suitable.

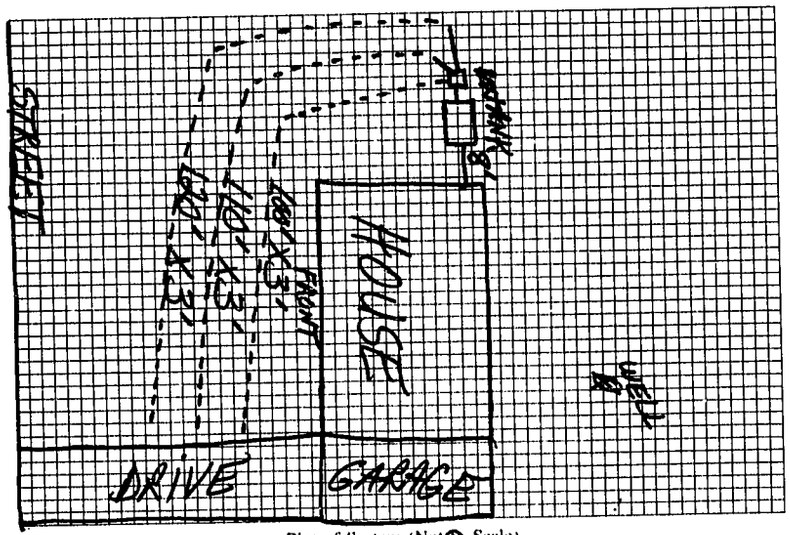
Application Rate .4 gal/sq. ft.

Topography 2-6% 10+

Depth to Water Table _____

Rock or other impervious formations none observed.

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 990 Linear Ft. 330

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Wes Lytton

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 Brown

COMMENTS _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 2-12-92.

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