14733.

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR LILLIE MAE DEAL DATE 7-2-92. PERMIT NO. 8N-1-A-13.

PHONE: Business _____ Home _____

LOCATION Island Ford Rd. west of Bradford's X Rds. - go approx. 1.5 miles S.T.R. on Willelm Lane - 1st mobile home on left. 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 Acreage.

Soil Characteristics Prov. Suitable.

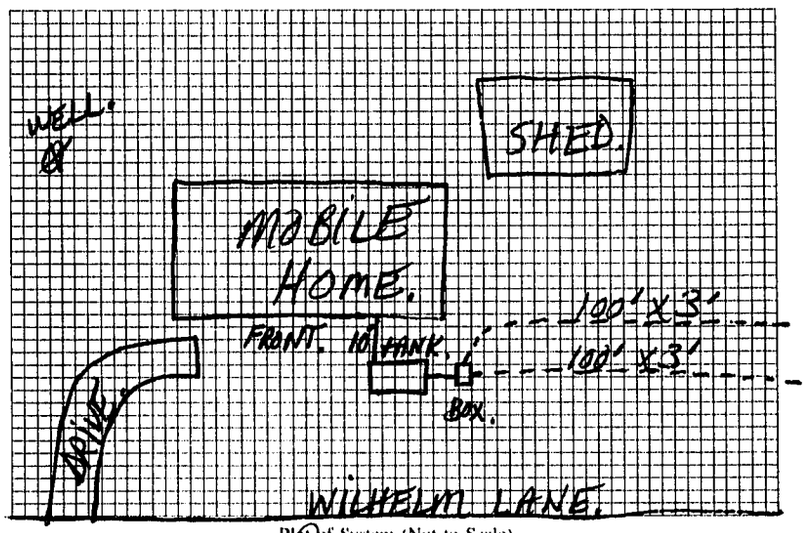
Application Rate .4 gal/sq. ft.

Topography 2-6%

Depth to Water Table 10+

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 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12

Water Supply: Individual [✓] Public [ ]

Installed by Esker Elder

I understand and agree to install a septic tank system as specified on this Improvement Permit.

BARN.

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Steve Brown

COMMENTS Water line abandoned.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 7-2-92.

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