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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Rick McCall DATE 3/12/92 PERMIT NO. 2D-1-A-186

PHONE: Business _____ Home 664-2482

LOCATION Stone marker Rd. - TL ~ 1 mile on (L) below road, just after turn back to pavement S.R. No. _____

SUBDIVISION NAME CL+T LOT NO. 136 SECTION OR BLOCK NO. 6

House ☑ Mobile Home ☐ Business ☐ Other ☑ Addition

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing 1/2 acre

Soil Characteristics P - C

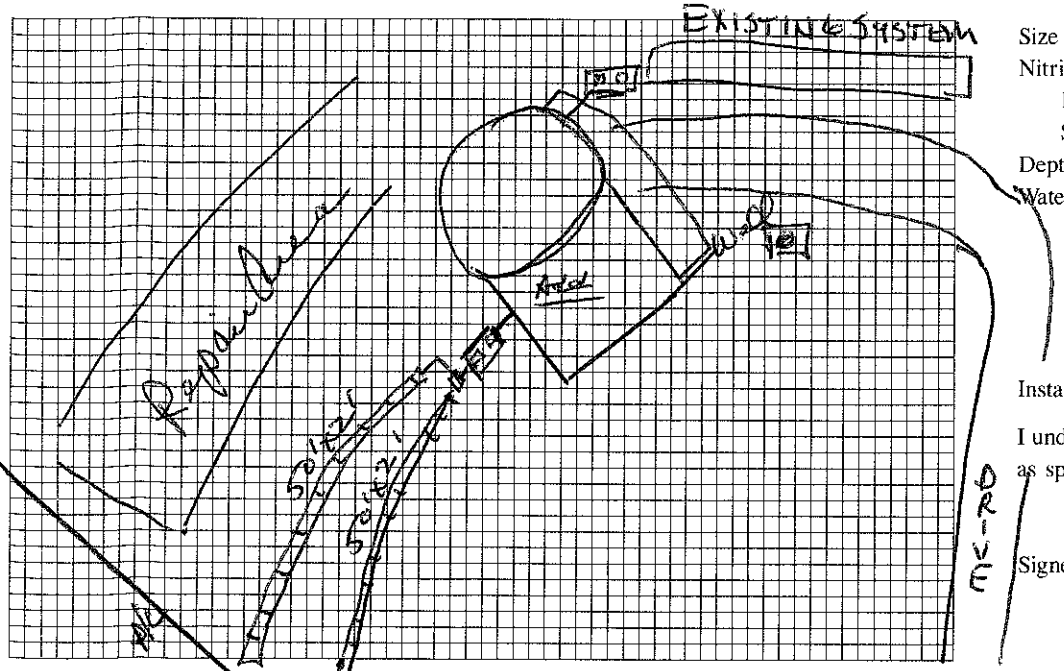
Application Rate .3

Topography 6-10%

Depth to Water Table > 4'

Rock or other impervious formations Cobbly stones

_____ 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 @ 50'x2

Sq. Ft. _____ Linear Ft. 100

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☑ Public ☐

Installed by Julian Bowles

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 _____

COMMENTS Existing System to remain in use.
Addition bath only thing plumbed to new S/T system.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 3/12/92

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