4615-90-4324

IREDELL COUNTY HEALTH DEPARTMENT

13953 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Steven L. Hankins DATE April 8, '93 PERMIT NO. 2D-1A-191

PHONE: Business _____ Home _____

LOCATION 1100 TR 1236 (Stonemarker) ± 1 mile on Left

S.R. No. _____

SUBDIVISION NAME Stonemarker II LOT NO. 14 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics PSClay

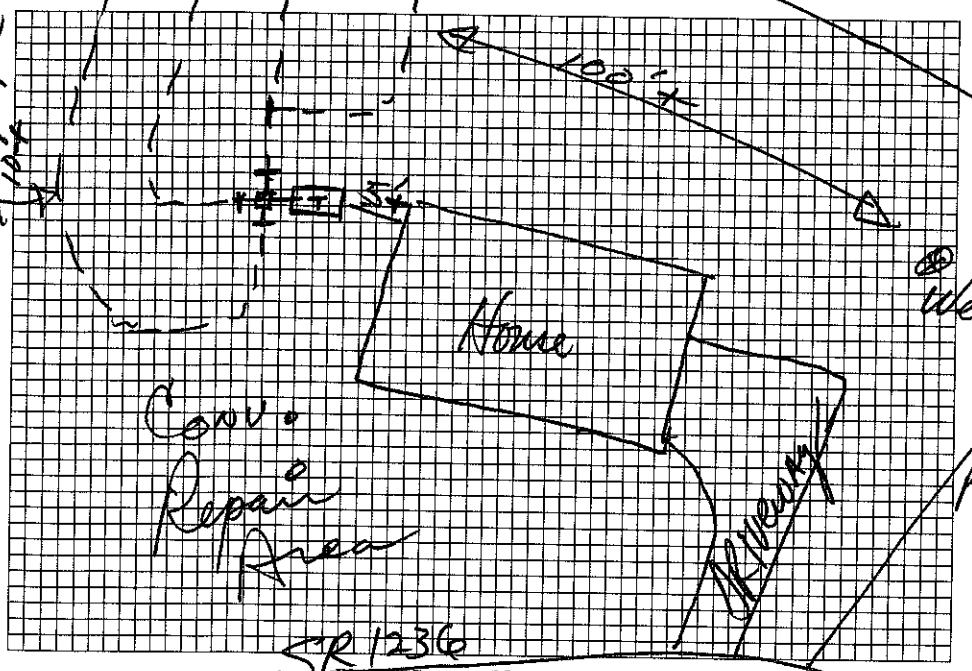
Garbage Disposal Unit Yes ☑ No ☐ Application Rate .3

Auto. Dishwasher Yes ☑ No ☐ Topography 2-4%

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table 76"

Lot Area ± 1.0 Ac. Rock or other impervious formations None obs.

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



Plot of System (Not to Scale)

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑

Public ☐

Installed by Delbert Bostian

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 DRH

COMMENTS House plumbing exited differently than shown on I.P. & System location shifted. No problem noted with soil conditions at depth nitrification field is installed (36"-48" trench bottom)

CERTIFICATE OF COMPLETION BY Frank R. Hinson, PS DATE 4/8/93

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