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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Joseph P. Lowell DATE 5/29/92 PERMIT NO. 20-1-A-21

PHONE: Business _____ Home _____

LOCATION 1100 TR 1236 (Stonemarker Rd.) ~ 1.4 miles on Left.

S.R. No. _____

SUBDIVISION NAME Stonemarker II LOT NO. 21 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 ~ 3/4 AC

Soil Characteristics P - C

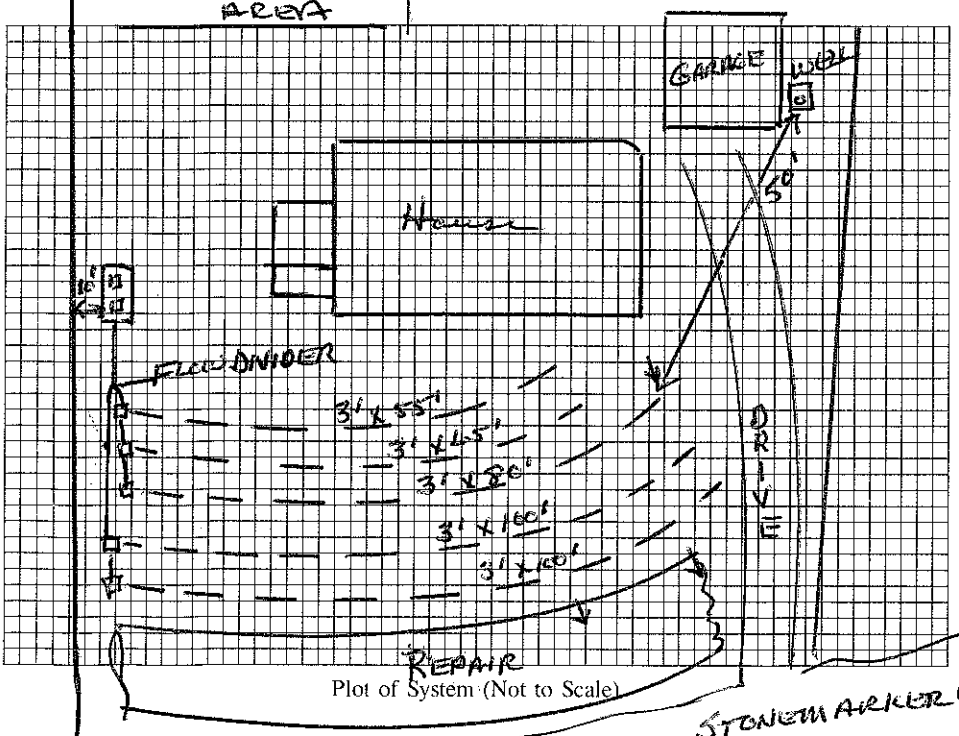
Application Rate P - .3 (firm, wk structure)

Topography P - 6%

Depth to Water Table 5 > 48"

Rock or other impervious formations P - numerous floating rocks, very cobbly to bouldery

_____ Basement with Plumbing (REPAIR AREA) ✓ Basement without Plumbing _____ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field: FLOW DIVIDER

No. of Lines 3 + 2

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Richard Abernethy

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 Very cobbly soil - rock conditions about 1/2 the length of drainfield diagonally toward the driveway

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 5/29/92

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