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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Scott Walden DATE 6/26/92 PERMIT NO. 2E-1-A-108

PHONE: Business _____ Home _____

LOCATION Barber Loop; 1100 TR on Chuckwood TL 1st Barber Loop ~1.1 mile on (L)

SUBDIVISION NAME C L & T LOT NO. 108 SECTION OR BLOCK NO. 7 S.R. No. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2-3

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~1/2 AC

Soil Characteristics Shallow B-C

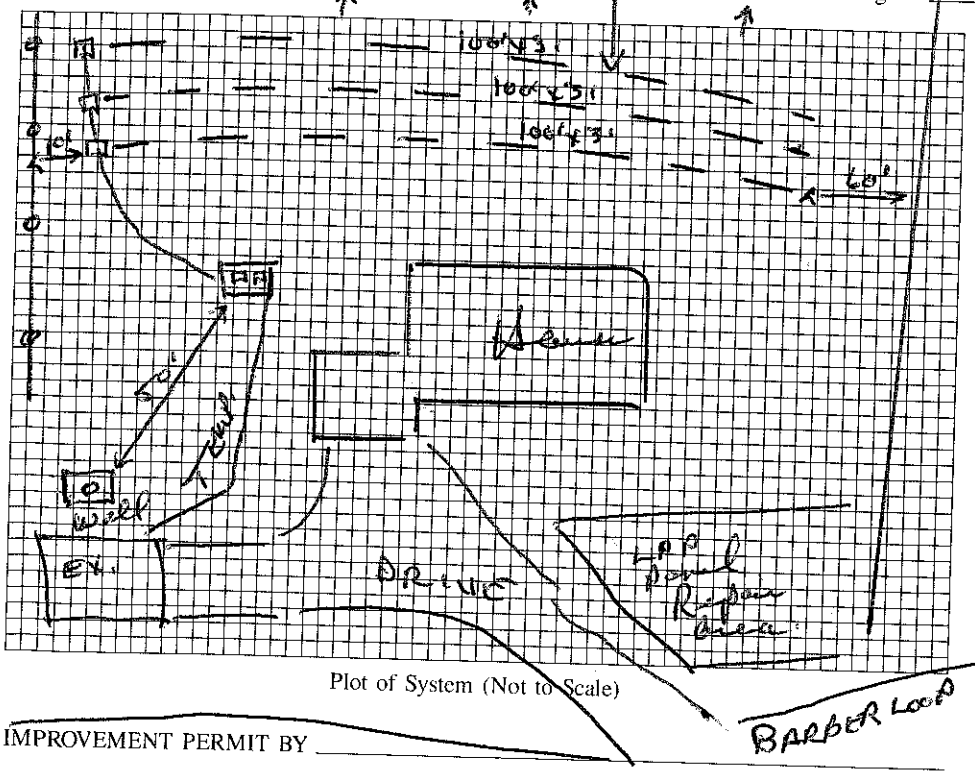
Application Rate 4-30", 3-36"

Topography P-10-12%

Depth to Water Table 5-48"

Rock or other impervious formations 5-None Encntd

_____ 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 @ 105' x 5'

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Renner Plumbing

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 Trench 32" to trench bottom

CERTIFICATE OF COMPLETION BY Wesley Sparks. DATE _____

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