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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Jeffrey McMasters DATE 4/15/93 PERMIT NO 2E-1-A-85

PHONE: Business _____ Home _____

LOCATION Landover Ln., 1100 TR on ~~1458~~ 1179 TL 1458 ± .5 mile TR on Landover Ln. on (L) at end S.R. No. _____

SUBDIVISION NAME CL+T LOT NO. 85 SECTION OR BLOCK NO. 7

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 3.5

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 20,000 FT²

Soil Characteristics P

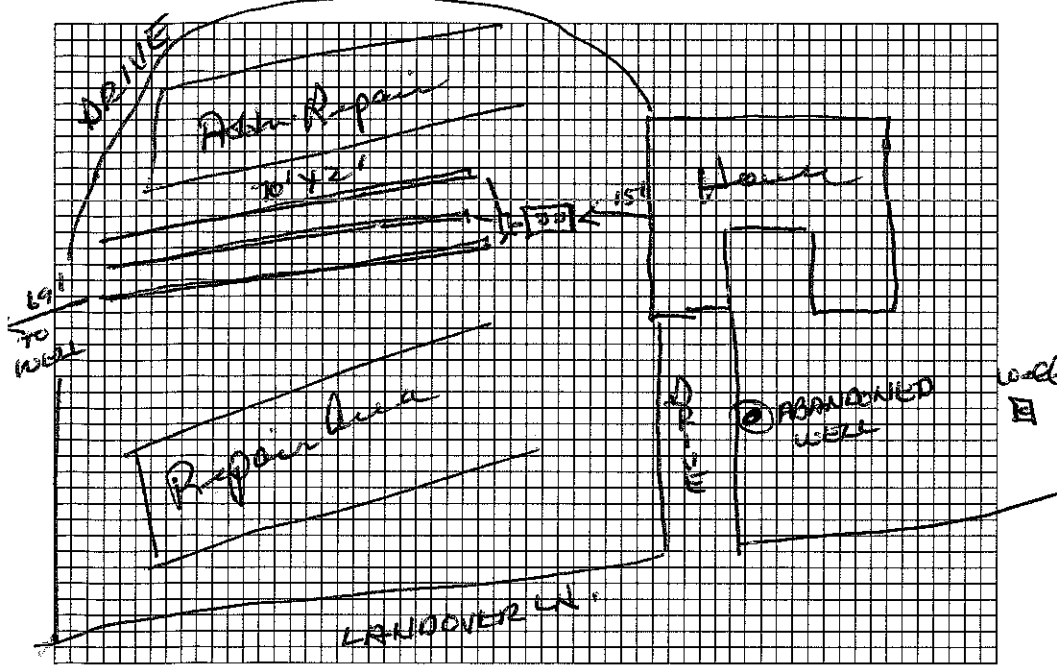
Application Rate P .3

Topography P 4%

Depth to Water Table P 48"

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. _____ Linear Ft. 210

Depth of Stone in Lines 16" PPBS

Water Supply: Individual ☑ Public ☐

Installed by Eddie Younce

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 Well abandoned 4/15/93 by Banks Brown.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 4/15/93

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