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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Harold B. Ayers DATE May 13, '93 PERMIT NO. 2F3A142

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TL 1445 (Kemp Rd) 1.5 miles on left

S.R. No. _____

SUBDIVISION NAME Crescent / Lake Norman LOT NO. 142 SECTION OR BLOCK NO. 8

House ☑ w/Addn. Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms ~3

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing > 20,000 sq ft (pump to main level)

Soil Characteristics PS clay

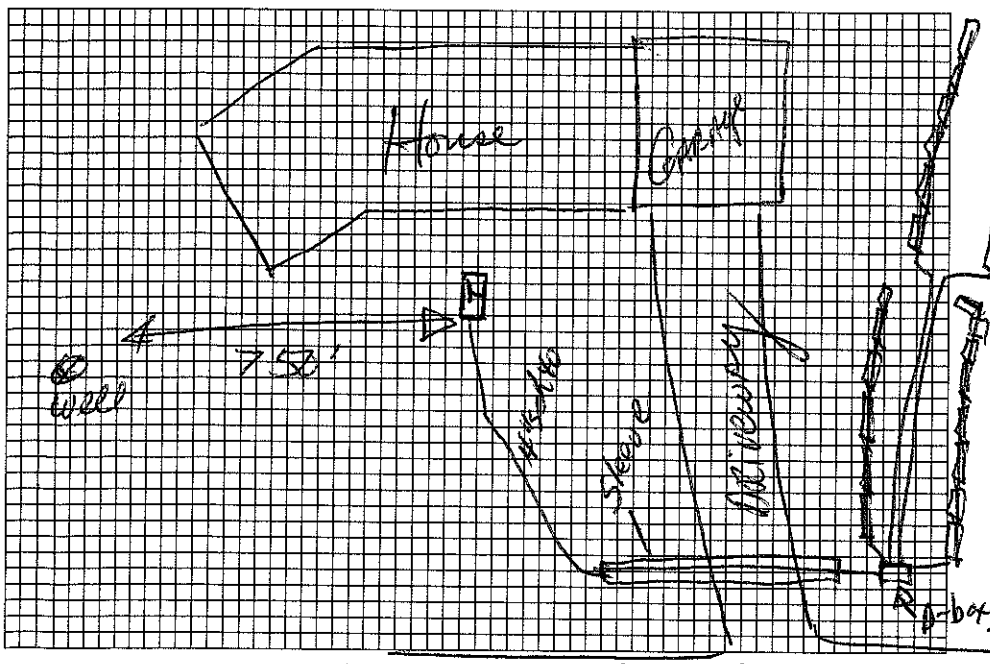
Application Rate .4

Topography 2-4%

Depth to Water Table >41

Rock or other impervious formations NONE obs.

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



Plot of System (Not to Scale) Access Rd.

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4@2'x50'

Sq. Ft. _____ Linear Ft. 200'

Depth of Stone in Lines 16" PPBS

Water Supply: Individual ☑ gravity

Public ☐

Installed by A.J. Ervin

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 Rain & electrical storm occurred during final inspection and covering of system.

CERTIFICATE OF COMPLETION BY D.R. Hanson, RS DATE 5/13/93

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