15345

IREDELL COUNTY HEALTH DEPARTMENT 4626 24 6654

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Everett Houston DATE Oct 14 '92 PERMIT NO. 2F-3-A-105

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 (McKendree) TL 1445 (Kemp) TL 1446 (Cooley) .15 mile on right / Lake Norman S.R. No. _____

SUBDIVISION NAME Crescent / Lake Norman LOT NO. 105 SECTION OR BLOCK NO. 8 .69 Acre

House ☑ Mobile Home ☐ Business ☐ Other Replacing MH with house (same living capacity) 2 people presently in house

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics _____

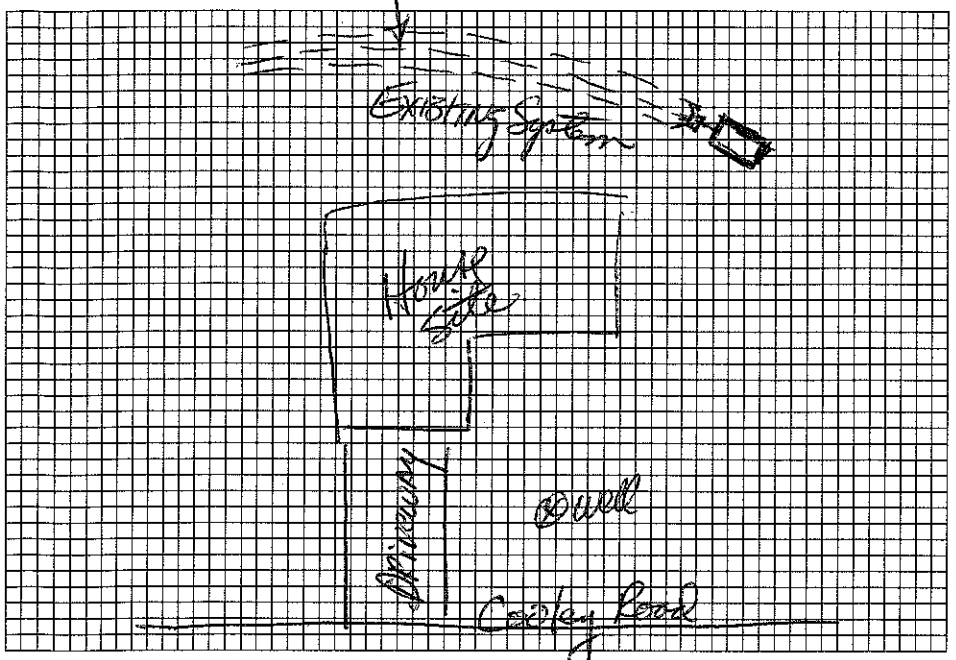
Garbage Disposal Unit Yes ☐ No ☑ Application Rate _____

Auto. Dishwasher Yes ☑ No ☐ Topography _____

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

Lot Area 720,000 ft² 5/4 Rock or other impervious formations _____

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



Plot of System (Not to Scale)

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Existing

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ☑ Public ☐

Installed by _____

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 Existing System showing no sign of malfunction.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY D R Hanson RS DATE 10/14/92

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