4626 27 5625

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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR JC Mason DATE 3/31/92 PERMIT NO. 2F-3-A-149

PHONE: Business _____ Home _____

LOCATION Kemp Rd; Brawley Sch TR on Rt. Linder TL on Kemp Rd. ~ 1.8 miles on (L) S.R. No. 1445

SUBDIVISION NAME C L + T LOT NO. 1635 SECTION OR BLOCK NO. 8

House ☑ Mobile Home ☐ Business ☐ Other ✓ Upgrading System to 3 bedrooms

No. Bedrooms 3 No. Bathrooms 2-3

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing

Soil Characteristics 6 trens (wk - ss)

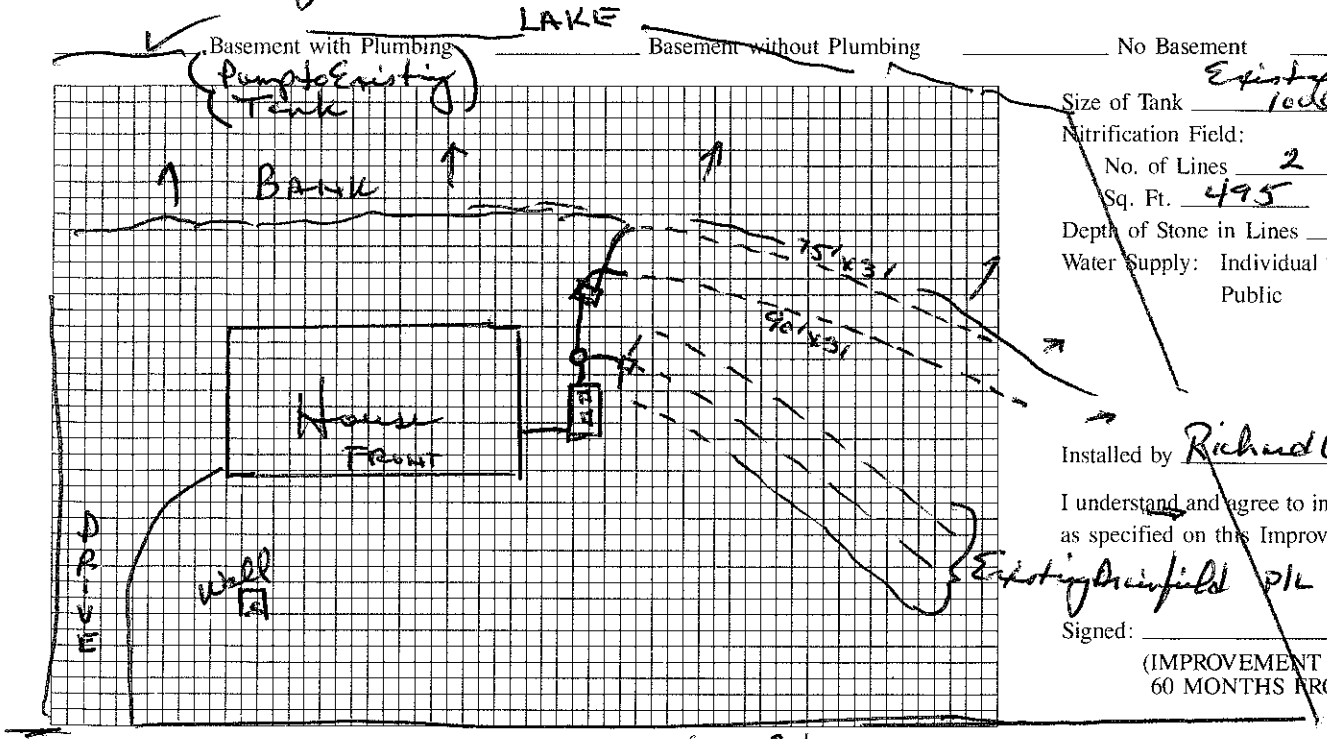
Application Rate P .3

Topography 2-7%

Depth to Water Table >48"

Rock or other impervious formations None observed

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



Plot of System (Not to Scale) Kemp Rd.

Size of Tank Existing 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 495 Linear Ft. 165

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Richard Abernathy

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 1st diffam in elevation between upper and lower line.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 3/31/92

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