N 3:00

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Jim and Delores Graham DATE May 3, '93 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1172 (Chuckwood) to end TR Indian Trail
.9 mile on left S.R. No. _____

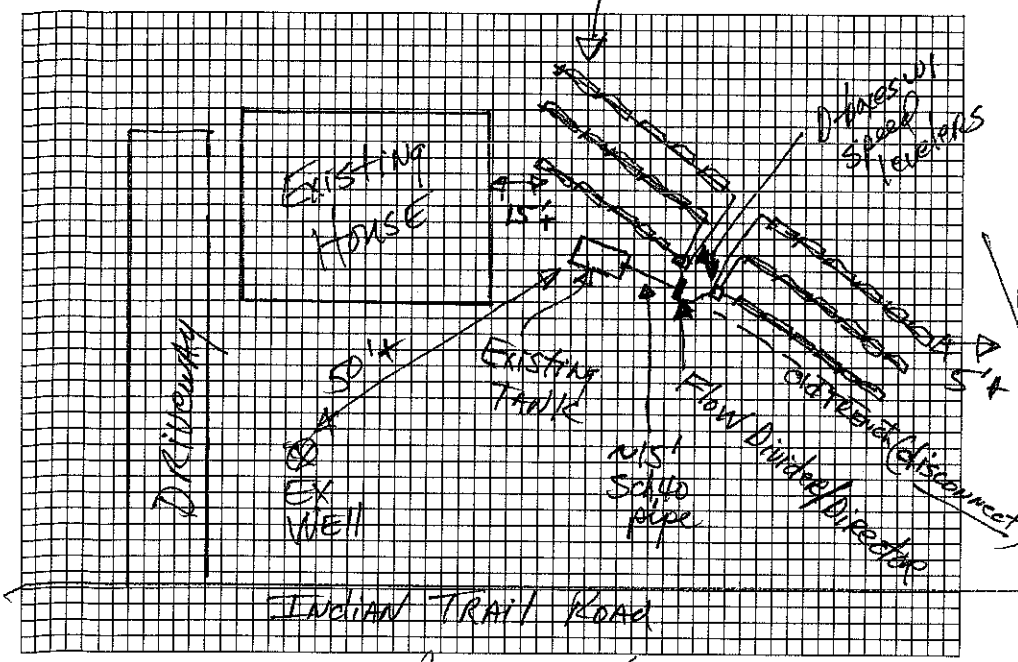
SUBDIVISION NAME Crescent / Lake Norman LOT NO. 21 SECTION OR BLOCK NO. 7

House ☑ Mobile Home ☐ Business ☐ Other Repair

No. Bedrooms 2 No. Bathrooms 2
Garbage Disposal Unit Yes ☐ No ☑
Auto. Dishwasher Yes ☑ No ☐
Auto. Wash. Machine Yes ☑ No ☐
Lot Area Existing (½-¾ Ac.)

Soil Characteristics very well weathered loam / Sap. trans.
Application Rate .1-.3 gal/ft²/day
Topography ~25%
Depth to Water Table > 48"
Rock or other impervious formations no hard or fractured rock seen

_____ Basement with Plumbing ✓ Basement without Plumbing 50'± No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank Existing Gals.
Nitrification Field: Flow Divider/Director
No. of Lines 3 + 3
Sq. Ft. _____ Linear Ft. 240'±
Depth of Stone in Lines of 16" PPBPS
Water Supply: Individual ☑ gravity flow
Public ☐

Installed by _____

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: Delores Graham

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Mark A. Ferguson, RS

COMMENTS Check existing tank for tee, replace if need. Also pump tank. Install as much trench as space will allow.

CERTIFICATE OF COMPLETION BY _____ 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