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ENTERED

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR JAMES HAGERTY DATE 11/10/92 PERMIT NO. 2F10A-3

PHONE: Business _____ Home 664-3485

LOCATION McKENDREE RD 1100 TR McKendree, on right across from McKendree Chapel S.R. No. _____

SUBDIVISION NAME BROOKBRIDGE SHORES LOT NO. 3 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit ? Yes ☐ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area NONE given ON PROP. DESC.

Soil Characteristics P-C-(Af)

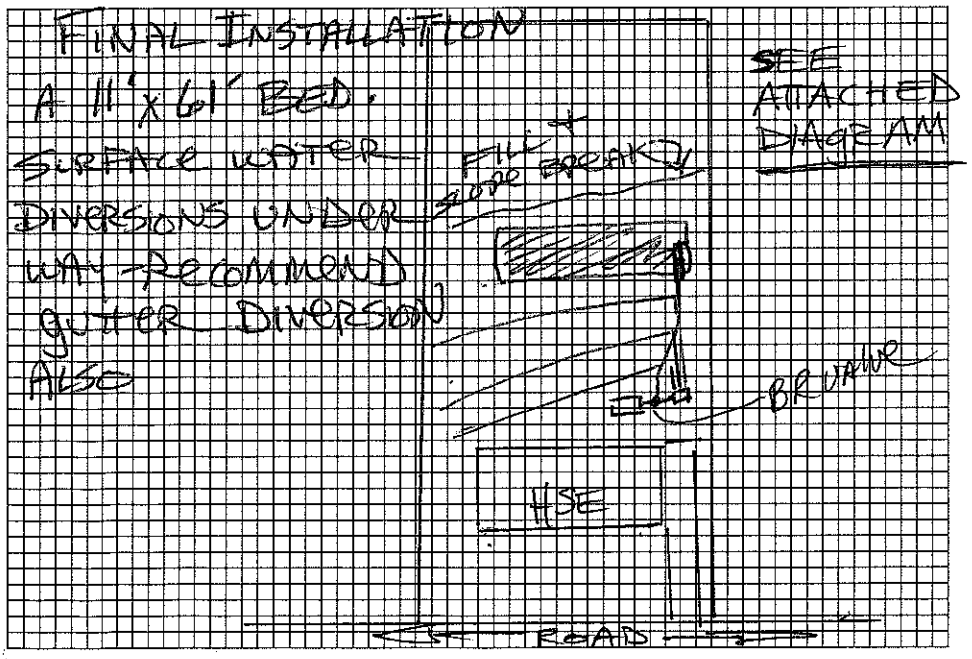
Application Rate 0.3

Topography 5%

Depth to Water Table 48"

Rock or other impervious formations NONE OBSERVED

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement 3 Crawl Space



Plot of System (Not to Scale)

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 210

Depth of ~~Stone~~ SAND in Lines BOUNDRY

Water Supply: Individual ☐ Public ☐

Installed by _____

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

Signed: James E Hagerty

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

IMPROVEMENT ~~PERMIT~~ BY Andrea S Lemon RS

COMMENTS REPAIR Repair option Beyond THIS INSTALLATION IS INTER-DITCH LPP. Continue water diversions beyond system. Divert runoff from adjacent lot. Avoid adding fill over Nitrification lines. SEE ATTACHED DIAGRAM.

CERTIFICATE OF COMPLETION BY Andrea S Lemon, RS DATE 11/10/92

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