IREDELL COUNTY HEALTH DEPARTMENT

14891 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR James M. McCrea DATE July 8, '97 PERMIT NO. 2F10A9

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 (McKendree) ½ mile on right

SUBDIVISION NAME _____ S.R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other Addition of 2 bedrooms (total) + Garage w/ Addn.

No. Bedrooms 5 No. Bathrooms 3½

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 2 lots combined

Soil Characteristics PSclay

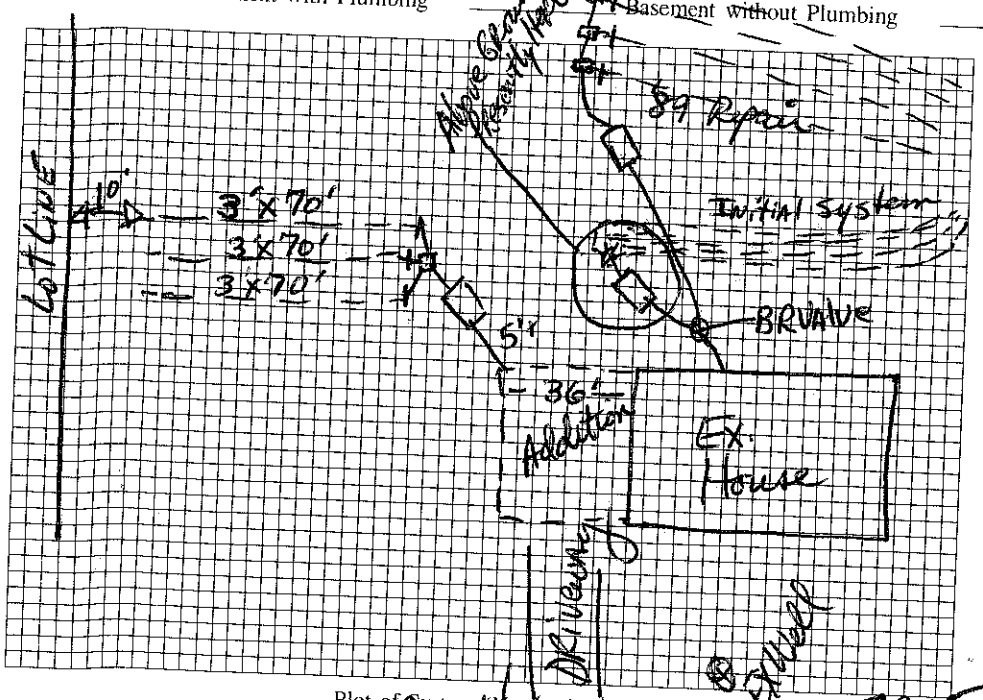
Application Rate Lv. 4

Topography 29-4%

Depth to Water Table 74'

Rock or other impervious formations none st.

_____ Basement with Plumbing _____ Basement without Plumbing ☑ No Basement (SLAB) _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank ~~X~~ 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 630 Linear Ft. 210

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by _____

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

Signed: ~~X~~ Jerry Barnette

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

IMPROVEMENT PERMIT BY BR Hinson, RS

COMMENTS If above ground pool is ~~saved~~ moved, then the 1000 gal tank & original system can be used. The existing BR valve would then be moved between the original tank and D-box and direct flow to new D-box and (3) 20'x3' trenches.

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

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