15403

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

4626758690

OWNER OR CONTRACTOR Rick Howell DATE April 12, '93 PERMIT NO. 2F1081

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR Carrie Lane on right corner lot w/ Ridgebrook Dr. S.R. No. _____

SUBDIVISION NAME Brookridge Shores LOT NO. 1 SECTION OR BLOCK NO. IV

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 .603 Ac

Soil Characteristics PSCLay

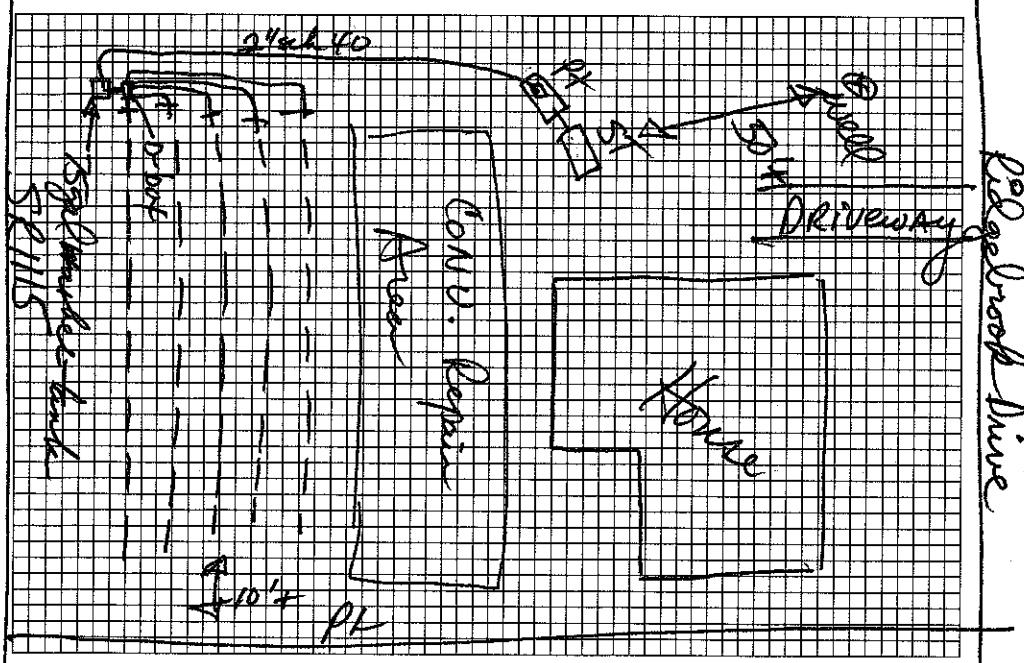
Application Rate 2.35 gal/ft²/day

Topography 4 6 2

Depth to Water Table 74'

Rock or other impervious formations NONE OBS.

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



Plot of System (Not to Scale)

Size of Tank 1000 / 1000 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1050 Linear Ft. 350

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Jaron Barton

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 _____

Operation permit

CERTIFICATE OF COMPLETION BY D R Hinson, PS DATE 4/12/93

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