4626-86-8461

15687

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Brookmoore Homes DATE May 12, '93 PERMIT NO. 2F-11A-17

PHONE: Business _____ Home _____

LOCATION 1100 TR into Poplar Grove TR Tawny Bank Dr. TL Tall Oak Dr. negr Cul-d-Sac on left S.R. No. _____

SUBDIVISION NAME Poplar Grove LOT NO. 17 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. Maching Yes ☑ No ☐

Lot Area 120' X 240'

Soil Characteristics fs clay

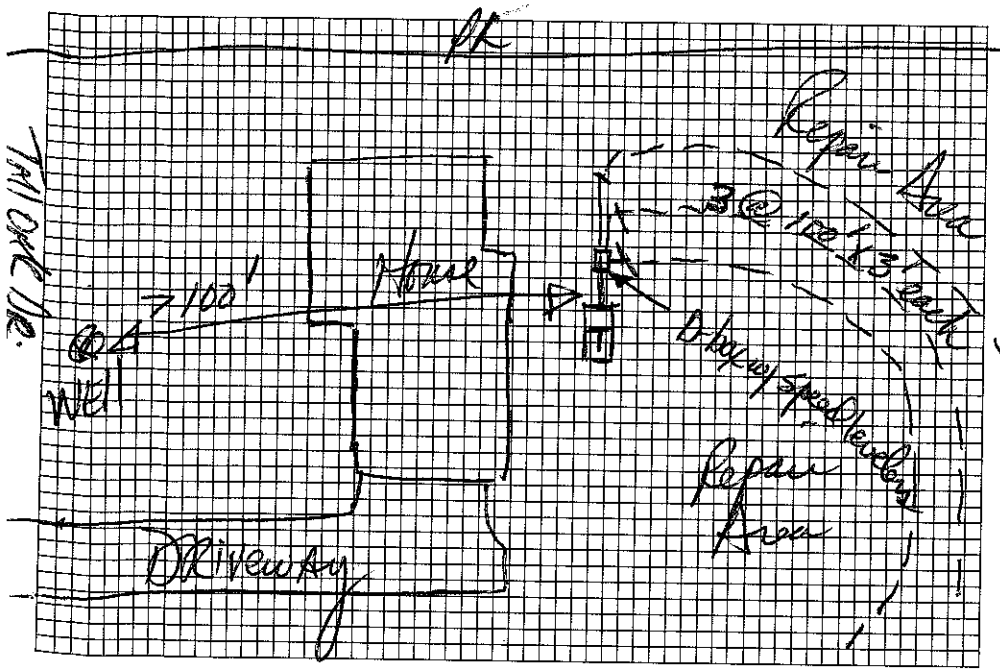
Application Rate .4

Topography ~4%

Depth to Water Table 74'

Rock or other impervious formations None Obs

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

PL

Installed by Benny Myers

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 PL

COMMENTS _____

ERTIFICATE OF COMPLETION BY DR Hanson MCS DATE 5/12/93

ISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

nit 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 mation is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold