16304

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Rick Howell DATE May 20, '93 PERMIT NO. 2F-11-A-26

PHONE: Business ____ Home ____

LOCATION 1100 TR Poplar Grove Bear right on Tawny Bark Dr. on left corner lot w/ Tall Oak Dr.

SUBDIVISION NAME Poplar Grove S.R. No. ____

LOT NO. 26 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 725,000 ft²

Soil Characteristics fs clay

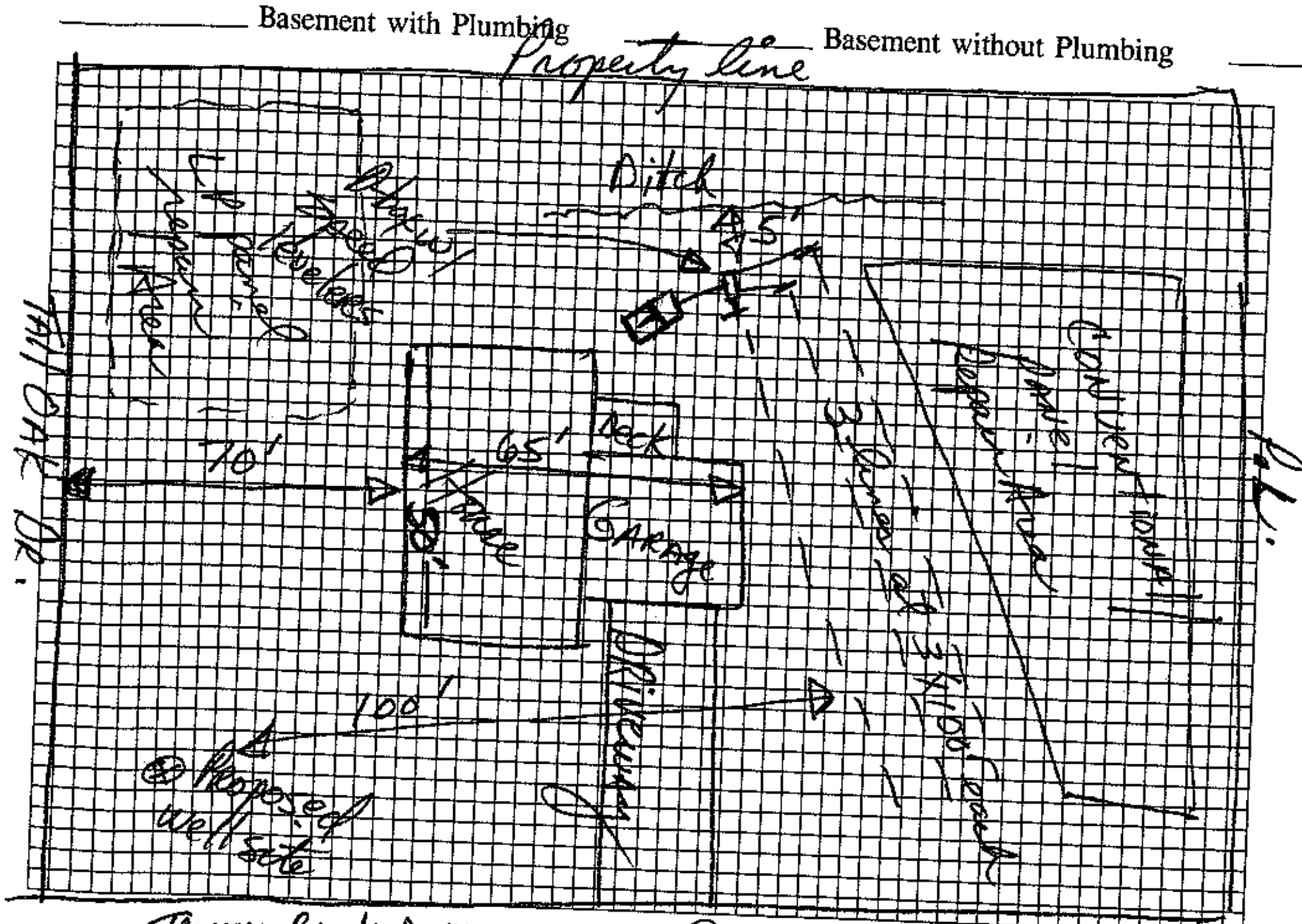
Application Rate .4

Topography 14%

Depth to Water Table 74'

Rock or other impervious formations NONE obs

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



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 ☐

Installed by ____

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

Signed: [signature]

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

TAWNY BARK DR. Plot of System (Not to Scale)

IMPROVEMENT PERMIT BY [signature], RS.

COMMENTS Follow contour.

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