06395

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

4627513415

OWNER OR CONTRACTOR Pete Stamey DATE April 26, '93 PERMIT NO. 7L2A386

PHONE: Business _____ Home _____

LOCATION 1102 TR 1115 TR 1457 (High Cir) TR Charter Place on right S.R. No. _____

SUBDIVISION NAME Crescent / Lake Norman LOT NO. 386 SECTION OR BLOCK NO. 8

Not Built as of this date

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2-3 Soil Characteristics area of Granfield ps sandy clay

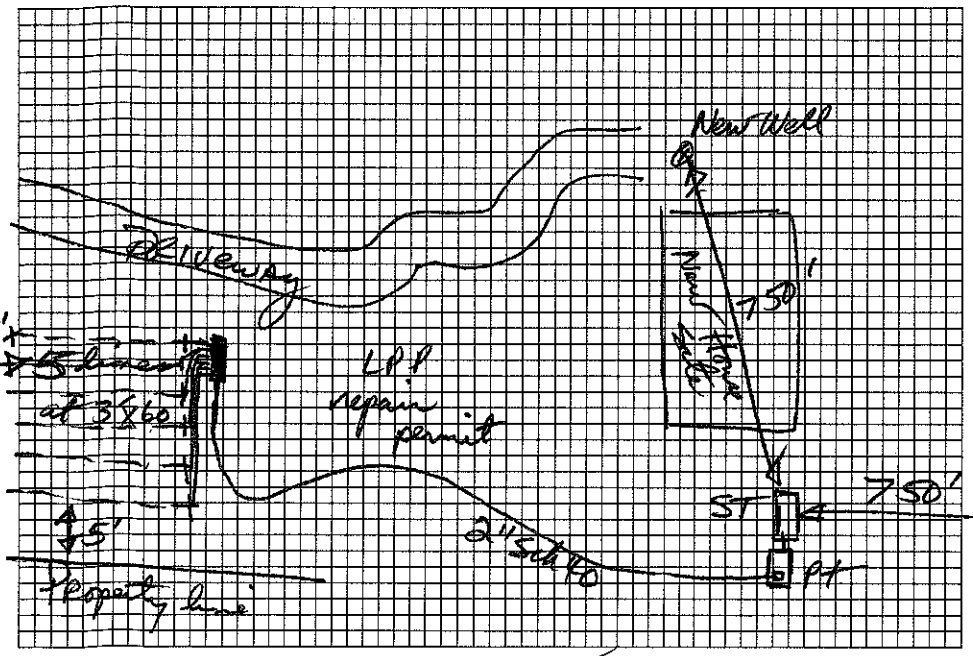
Garbage Disposal Unit Yes ☐ No ☑ Application Rate n.r.

Auto. Dishwasher Yes ☑ No ☐ Topography 2%

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table > 4'

Lot Area Existing 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 1000/1000 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by JR Bowles

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

LAKE

Signed: _____

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

IMPROVEMENT PERMIT BY DRH

COMMENTS Alarm on site and functioning, not permanently mounted yet.

Operation permit

CERTIFICATE OF COMPLETION BY DC Hyman, RS DATE 4/26/93

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