4627-60-1450

14142

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Jim Sutton DATE July 20, '92 PERMIT NO. 2L2A431

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1215 Bear left at fork ~.3 mile on left S.R. No. _____

SUBDIVISION NAME Crescent / Lake Norman LOT NO. 431 SECTION OR BLOCK NO. 8

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 Existing (~3/4 Ac.)

Soil Characteristics psclay

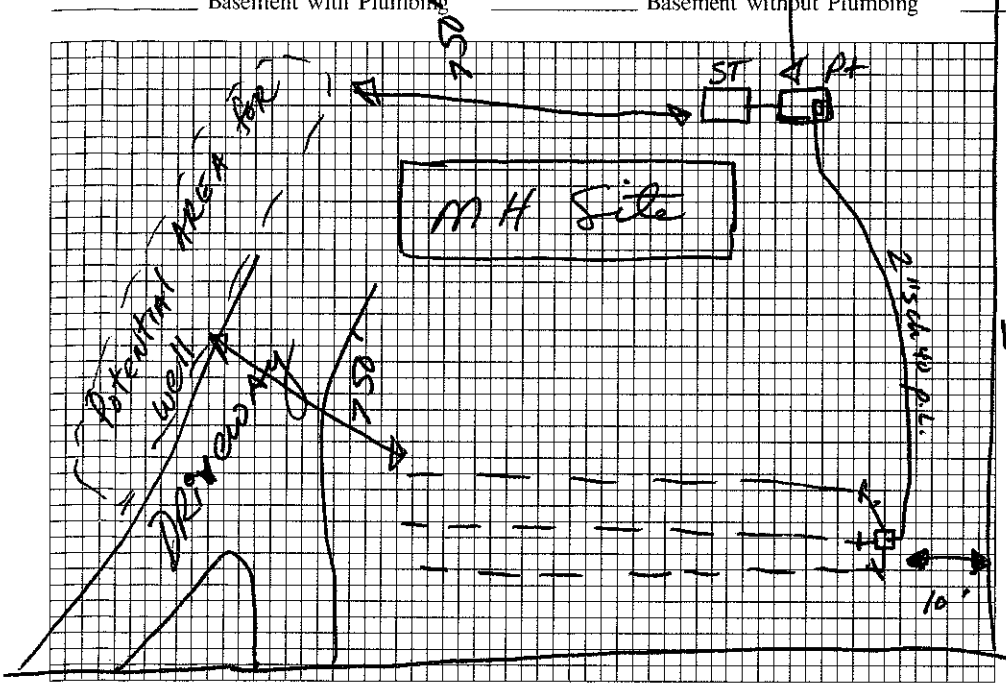
Application Rate ~.35 gal/ft²/day

Topography LAKE ~10%

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 ST 1000 / PT 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines _____

Water Supply: Individual ☑ Public ☐

Installed by Richard Abernathy

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 DRH

COMMENTS MH not on lot. Well not drilled. Alarm tested, but not mounted yet (indoor type alarm)

Operation permit

CERTIFICATE OF COMPLETION BY DR Hmorn, RS. DATE 7/20/92

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