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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Foster M. Jones Jr. DATE Jan. 24, '92 PERMIT NO. 92-2-A-438

PHONE: Business _____ Home _____

LOCATION 1102 left at forks — SR 1115 (McKendree) ½ - ¾ mile — SR 1215 (Grasshopper) on left — Bear _____ S.R. No. _____

SUBDIVISION NAME Crescent - Lake Norman LOT NO. 438 SECTION OR BLOCK NO. 8

House ☐ Mobile Home ☑ Business ☐ Other Upgrading septic system to 3 bedroom capacity

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing

Soil Characteristics sandy clay

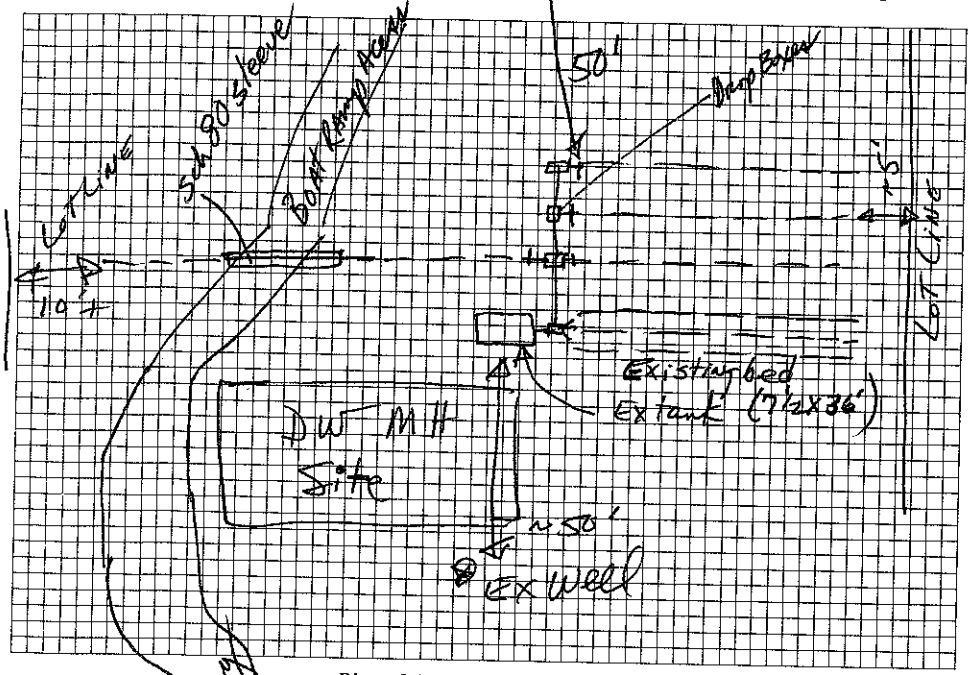
Application Rate .4

Topography 4-6%

Depth to Water Table 4'+

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 Existing Gals.

Nitrification Field:

No. of Lines 3 (new) + Existing

Sq. Ft. 600 Linear Ft. 200 addn.

Depth of Stone in Lines 12"+

Water Supply: Individual ☑ Public ☐

Installed by Osburn

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 Mobile home not on site at time of septic system addition completion

SR 1215

(Addition)

CERTIFICATE OF COMPLETION BY David R. Hinson, RS DATE 1-24-92

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

A.M.

13671

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Foster M. Jones Jr. DATE Nov. 8, '91 PERMIT NO 2L-2-A-438

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 1215 (Grasshopper) Bear left at forks ~½ - ¾ mile on left S. R. No. _____

SUBDIVISION NAME Crescent - Lake Norman LOT NO. 438 SECTION OR BLOCK NO. 8

DW

House ( ) Mobile Home (✓) Business ( ) Other Replacing 2 bedrm single wide with 3 bedrm D.W. Upgrading of septic system required

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes ( ) No ( )

Character & Porosity of Soil Sandy clay

Percolation Rate ~ 4

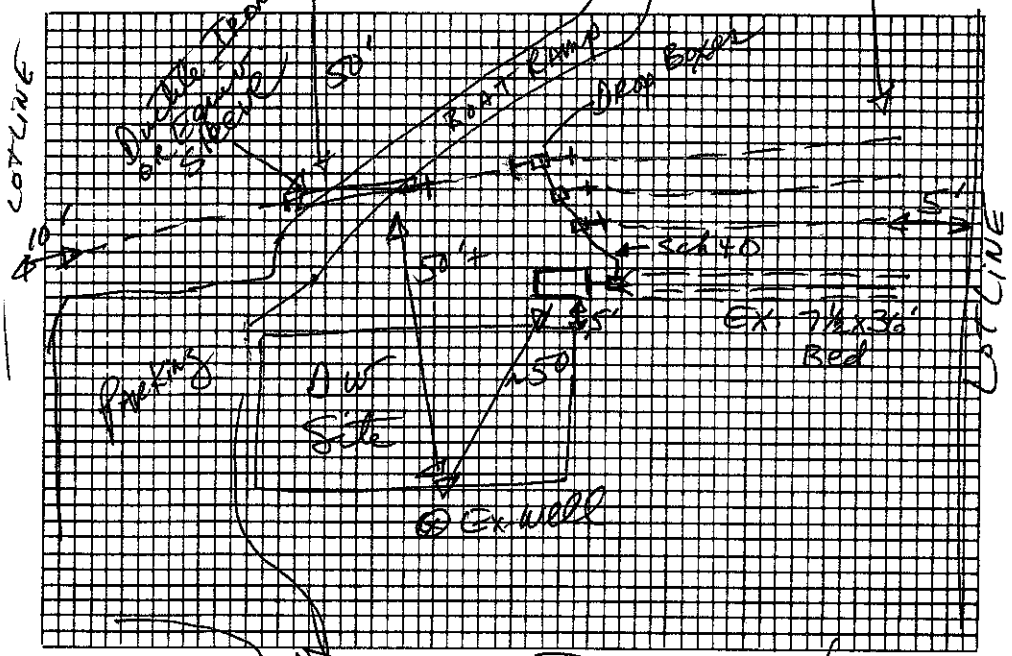
Topography 4-6%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing (~1000) Gals.

Nitrification Field:

No. of Lines 3 (New) + Existing

Sq. Ft. 600 Linear Ft. 200 Addn.

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by _____

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

Signed: F. M. Jones Jr

IMPROVEMENTS PERMIT BY David R. Hinson, R.S.

COMMENTS: install sch 40 pipe in D-box and use speed leveler to feed existing bed first. Follow contours

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 false information is supplied in making Improvements Permit.

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