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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR HARRY C. SPELL DATE 4-10-92. PERMIT NO. 3C-5-A-12.

PHONE: Business _____ Home _____

LOCATION Morrison Farm Rd. off State Park Rd. - T.R. on Allendale Circle - go approx. ½ mi. on R before left. S.R. No. _____

SUBDIVISION NAME ALLENDALE CIRCLE. LOT NO. 12. SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other 2ND FLOOR ADDITION TO HOUSE - ONE BEDROOM ADDED.

No. Bedrooms _____ No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Ample.

Soil Characteristics Prov. Suitable.

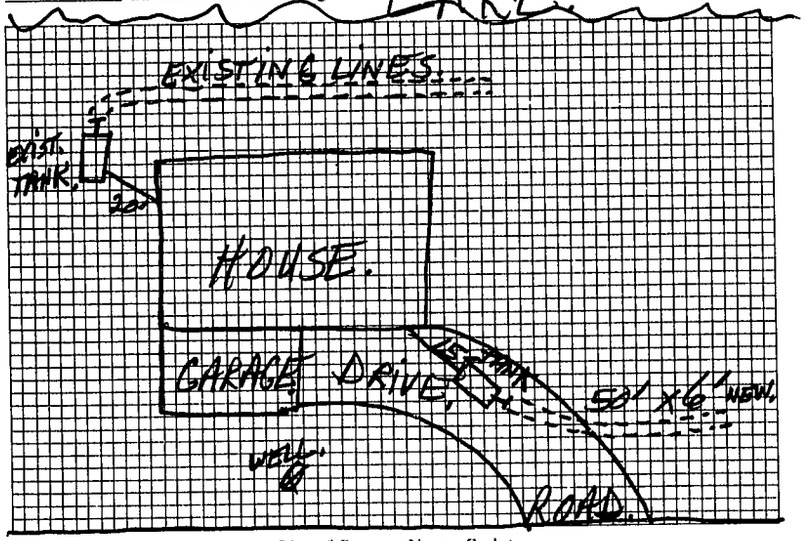
Application Rate .4 gal./sq. ft.

Topography 6-15%

Depth to Water Table 18"+

Rock or other impervious formations none observed.

☑ 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 2

Sq. Ft. 300 Linear Ft. 100

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Kenny Pearson

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 Steve Brown

COMMENTS The driveway does not go over S.T. system as shown.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-10-92.

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