IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Crescent Resources, Inc. DATE 3-11-93 PERMIT NO. 2F-310

PHONE: Business _____ Home (Toney C. Jacobs) 663-6905

LOCATION ON WEST SIDE OF ISLE OF PINES ROAD ~1.2 mi SOUTH OF BRAWLEY SCHOOL ROAD S.R. No. 1113

SUBDIVISION NAME North Shore Phase II LOT NO. 7 ~~SECTION OR BLOCK NO.~~ _____

House ☒ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 3.5

Garbage Disposal Unit Yes ☒ ~~No ☒~~

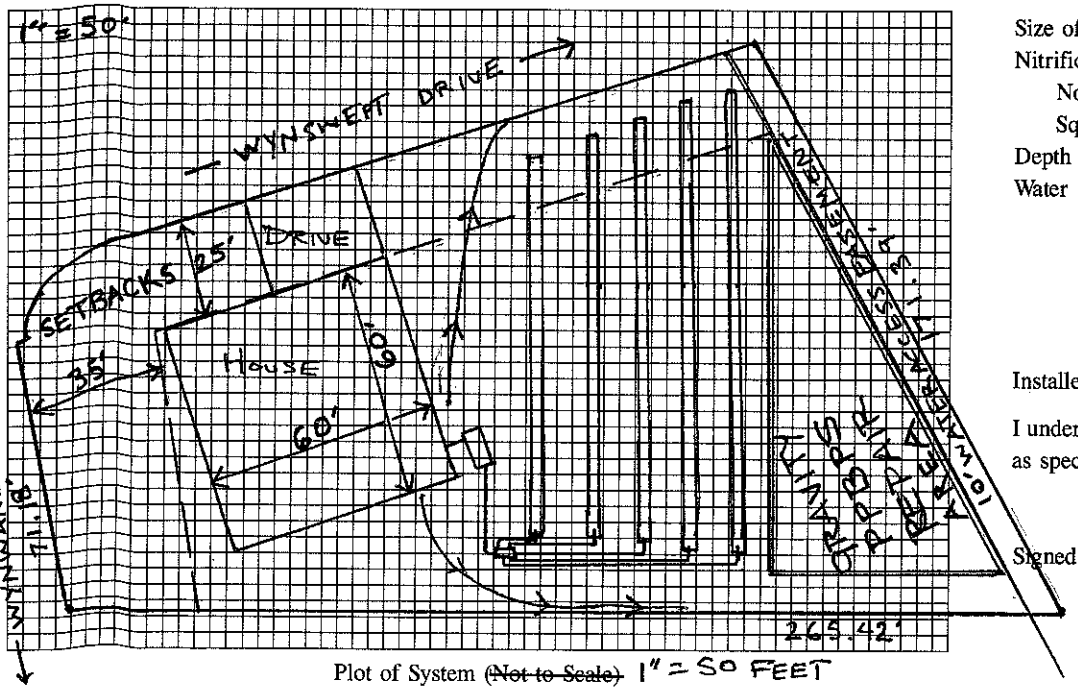
Auto. Dishwasher Yes ☒ No ☐

Auto. Wash. Machine Yes ☒ No ☐

Lot Area ~20,000 sq'

Soil Characteristics	clay/silty clay. wk, med, sbkt crs. mfi,	PS
Application Rate	~~To 40~~ 50" LTAR	0.3
Topography	(<15% S) >15%	PS
Depth to Water Table	>48"	S
Rock or other impervious formations	>40"	S

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ___X___ Crawl Space



Plot of System ~~(Not to Scale)~~ 1" = 50 FEET

Size of Tank ~~1000~~ 1500 Gals.

Nitrification Field: GRAVITY CONVENTIONAL

No. of Lines 5 Sq. Ft. 1590 Linear Ft. 533

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: Toney Jacobs, CPSS (R) (IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Andrea Lemon, RS

COMMENTS MAXIMUM TRENCH DEPTH - CONVENTIONAL TRENCH, GRAVITY - 30". DO NOT INSTALL DURING WET SOIL CONDITIONS OR RAIN. SURFACE WATER diversion, gutter/roof runoff diversion necessary. Subsurface intercept drain necessary, outletted away from system and adjacent lot's system. Install with contour; Feed d-box outlets equally.

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