15392

IREDELL COUNTY HEALTH DEPARTMENT

PIN# 4636-51-9202

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Spear Construction DATE Feb 19, '93 PERMIT NO. 2G-7-A-316

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 (Stutts) TR Bluewing 1st house on right

S.R. No. _____

SUBDIVISION NAME Coveview Park LOT NO. 316 SECTION OR BLOCK NO. _____

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 ~75'X144'

Soil Characteristics P- clay

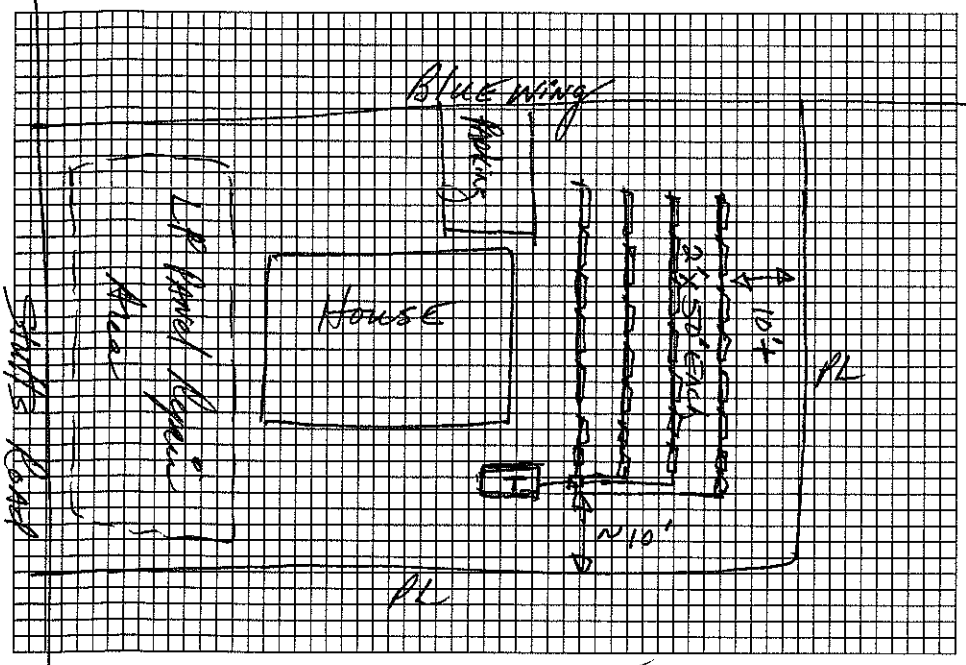
Application Rate .3 gal/ft²/day

Topography 2-4%

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 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 200 lf

Depth of Stone in Lines 16" PIPE PS

Water Supply: Individual ☐ Public ☑ CW

Installed by Rowan S.T.

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 _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY J.R. Hinson, RS DATE 2/19/93

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