4636-99-8913

14936

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Cynthia Bowers DATE 2/2/93 PERMIT NO. 2K M A 28

PHONE: Business _____ Home 663-2749

LOCATION Brawley School Rd. TL Farmstead TR to 1st house on R

SUBDIVISION NAME Farmstead Estates S.R. No. _____ LOT NO. 28 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~.9 AC

Soil Characteristics P - C

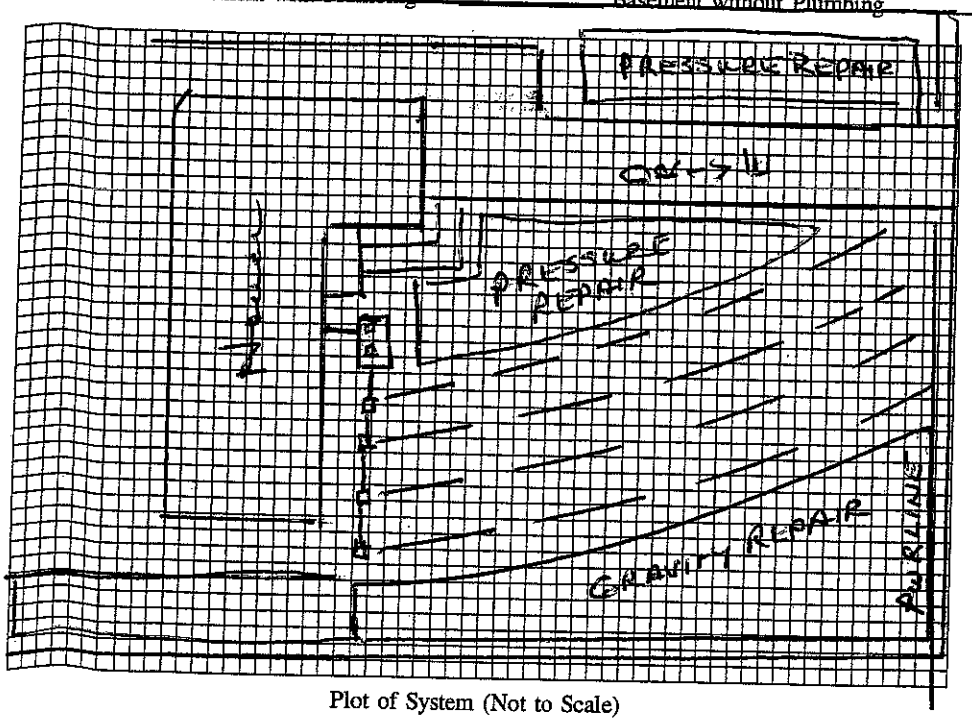
Application Rate P - .35 (wks 6K, SF)

Topography P

Depth to Water Table S - >48"

Rock or other impervious formations S - NONE FOUND

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



Plot of System (Not to Scale)

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4 @ 70÷75' x 3'

Sq. Ft. 960 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Rear of house

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 _____

COMMENTS House moved forward from original plan. Pressure repair areas in front and along lower side of house

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 2/2/93

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