13313

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Ray Lee Pinion DATE 4/6/92 PERMIT NO 2K-6-A-218

PHONE: Business _____ Home 892-7128

LOCATION Oak Tree Rd, TR off Brawley School, TL to 1st 3/4 mile on (L) Inlow road

SUBDIVISION NAME C L & T S.R. No. _____

LOT NO. 218 SECTION OR BLOCK NO. 9

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 20,000 sq ft

Soil Characteristics P - c l sc

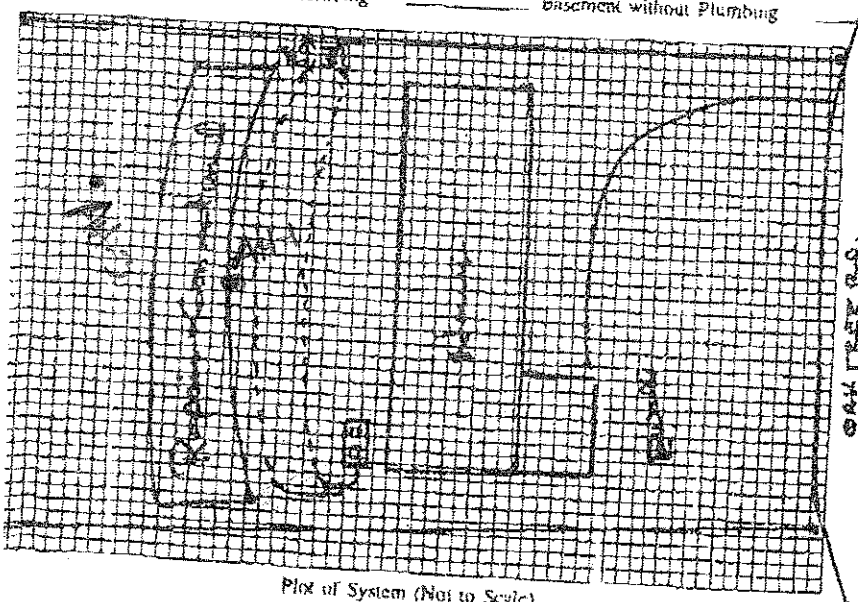
Application Rate .35

Topography 2%

Depth to Water Table 7 48"

Rock or other impervious formations None found

_____ 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@130' & 3@

Sq. Ft. 780 Linear Ft. 260

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Clinus Dillard Hickory

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 Wesley Sparks DATE 4/2/92

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