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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Mark Carlton DATE 5/6/93 PERMIT NO. 2H3A237

PHONE: Business _____ Home 919-463-2112

LOCATION Hermanice Rd; on (R) approx. .5 mile from Waddell Rd.

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

LOT NO. 237 SECTION OR BLOCK NO. 11

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 FT2

Soil Characteristics P

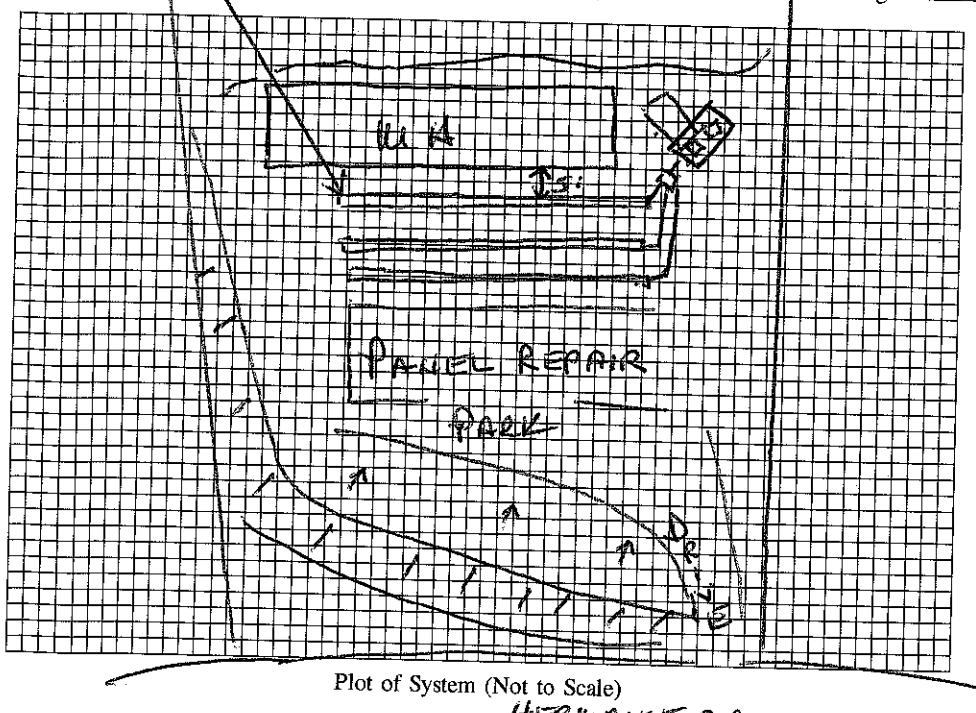
Application Rate P .3

Topography P - W PANELS

Depth to Water Table 5

Rock or other impervious formations P - SHALLOW TRENCH DEPTH

_____ Basement with Plumbing U - 7 40% SLOPE Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3@50'x2'

Sq. Ft. _____ Linear Ft. 150*

Depth of Stone in Lines SAND

Water Supply: Individual ☑ NOT DRILLED Public ☐

Installed by HB Salmon Const. Co (YADKINVILLE)

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 HERMANICE RD. AWS.

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 5/6/93

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