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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Charles M. Misenheimer DATE 5/18/93 PERMIT NO. 2N-3A-229

PHONE: Business _____ Home _____

LOCATION 150W TR Waddell Rd TR Hennence TR PASS Rd. (1ST GRAVEL ROAD TO Rt) 1ST house on left. S.R. No. _____

SUBDIVISION NAME C L & T LOT NO. 1117 SECTION OR BLOCK NO. 11

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~1 AC

Soil Characteristics P - SCL / SC

Application Rate .35 - .4 DOWN TO 18"

Topography P ~ 6-8%

Depth to Water Table ~ 24-26"

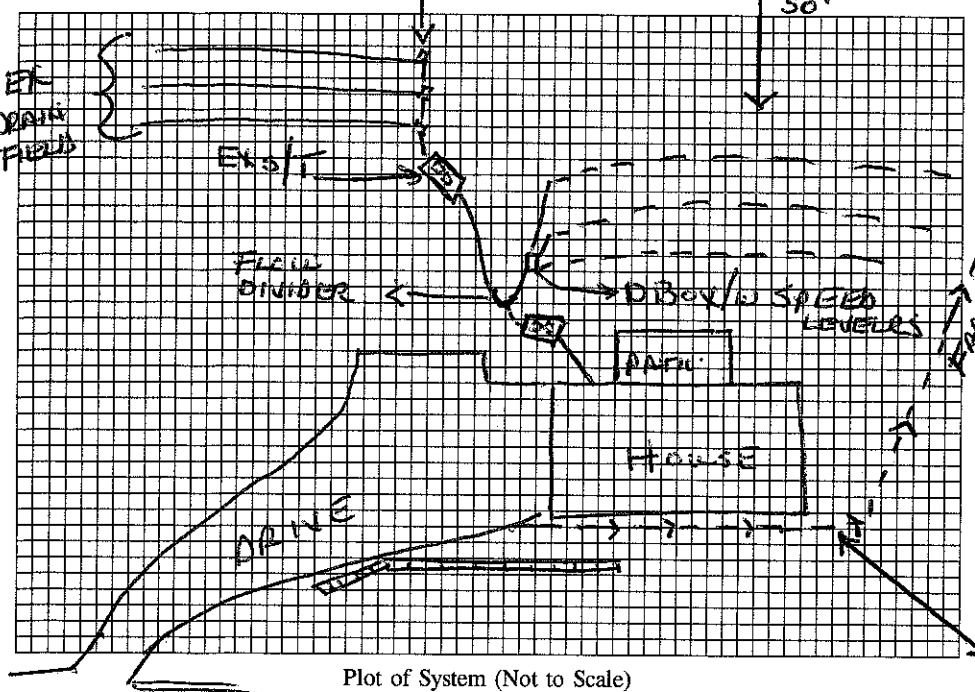
Rock or other impervious formations NONE OBSERVED

LAKE NORMAN

55'

50'

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



Plot of System (Not to Scale)

Size of Tank 1500 Gals.

Nitrification Field: FLOW DIVIDER TO EXISTING & NEW FIELD

No. of Lines 1

Sq. Ft. 630 Linear Ft. 210

Depth of Stone in Lines 12"

Water Supply: Individual ☑ EXISTING

Public ☐ SYSTEM

Installed by F J Erwin

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 18" trench bottom maintained as requested on IP.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 5/21/93

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