STB-825-1000-16-1-93

PT 47 -1089 - 10-1-93

15980

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR THOMAS E. GRAHAM DATE 3/18/93 PERMIT NO. 25-5-A-92

PHONE: Business _____ Home _____

LOCATION BROADVIEW CIR. OFF FERN HILL RD. & Perth N, TL on Fern Hill TL on Broadview to, 1ST trailer on (L) S.R. No. _____

SUBDIVISION NAME C L + T LOT NO. 72 SECTION OR BLOCK NO. 15

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 Existing

Soil Characteristics Existing

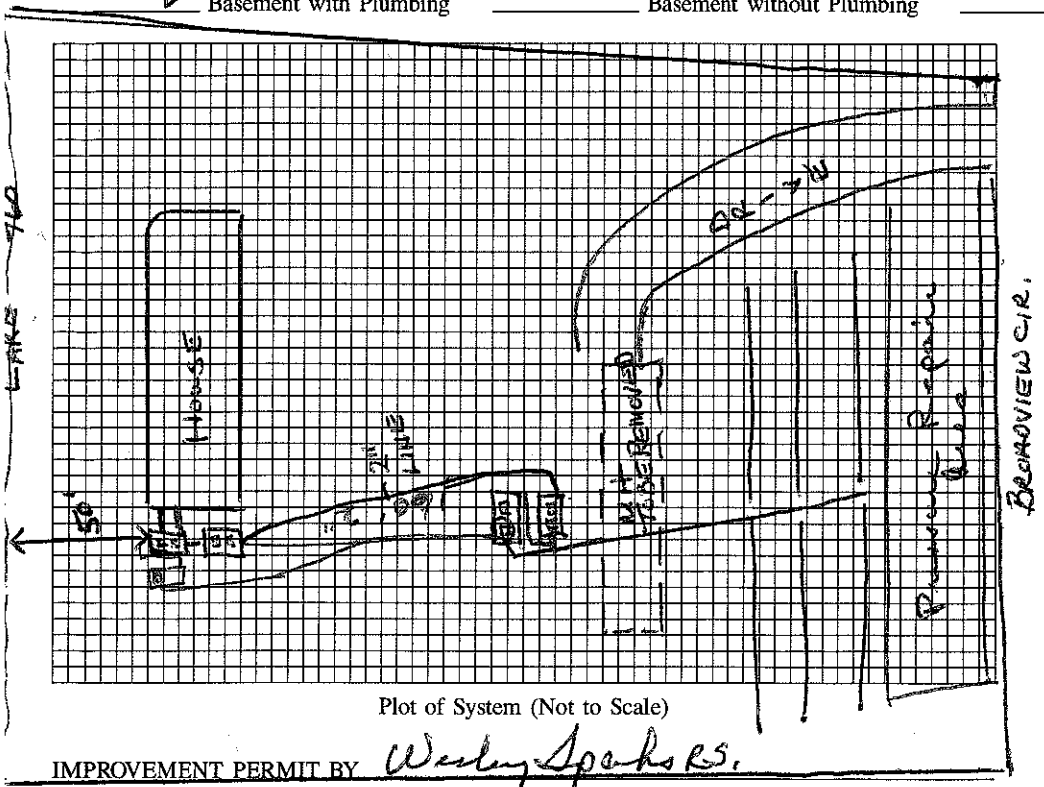
Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

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



Plot of System (Not to Scale)

Size of Tank 1000 ST / 1000 PUMP TANK Gals.

Nitrification Field: No. of Lines NO / EXISTING PRESSURE PANEL

Sq. Ft. _____ Linear Ft. 200

Depth of Stone in Lines 6" SAND.

Water Supply: Individual ☑ ON SITE Public ☐

Installed by _____

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: [signature]

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS Septic Tank - Pump Tank - alarm and float for sewer lift station Make sure supply line is plumbed into Septic Tank.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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