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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Dawn Hayes DATE 12/9/92 PERMIT NO. Pt of 2P-B-35

PHONE: Business _____ Home 663-1926

LOCATION Peth Rd (N) on (R) just before Catawbain Rd Turns Left.

S.R. No. _____

SUBDIVISION NAME No LOT NO. _____ SECTION OR BLOCK NO. _____

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 ~1Ac

Soil Characteristics P - C

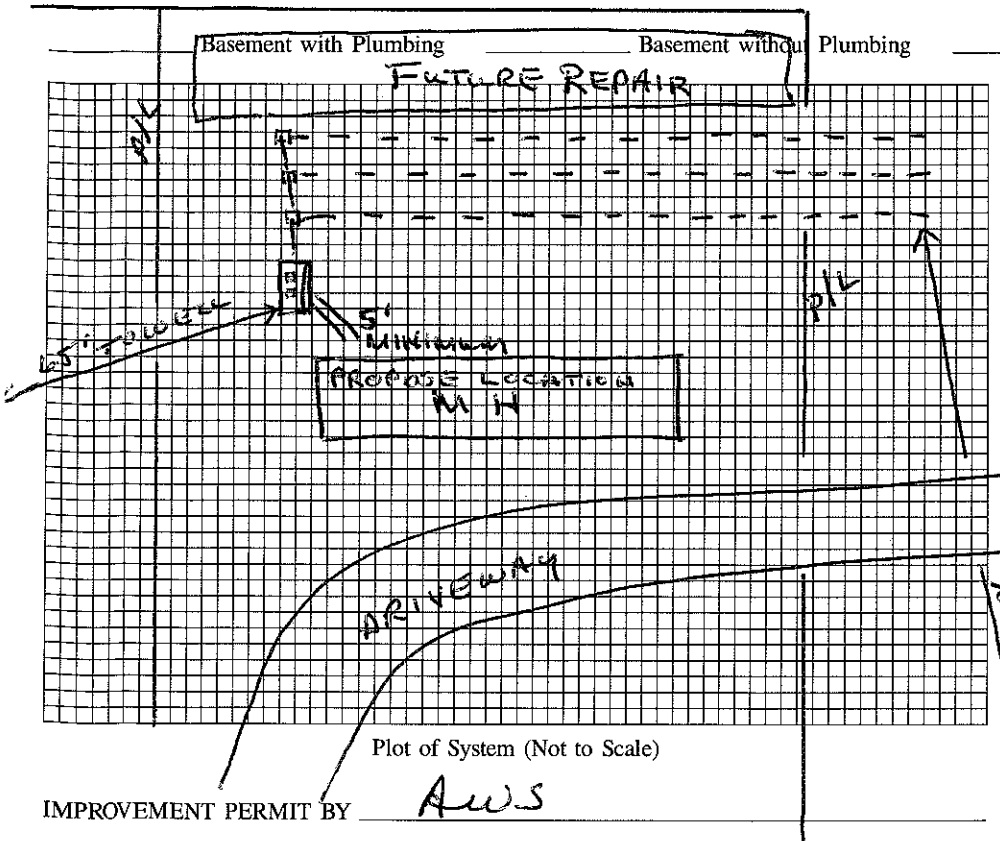
Application Rate P - .3-.35 (wk grav-ss)

Topography P - 3-6%

Depth to Water Table P - > 36" < 48"

Rock or other impervious formations P - TRANS

_____ 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 30 115' x 3'

Sq. Ft. 1628 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ MMS well

Public ☐

Installed by Don Lackey

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 AWS

COMMENTS Easement required if Right property line remains where it is now staked. Lines no deeper than 32" to trench bottom. Trailer not on site when completed

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 12/9/92

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 Sanitarian's Copy: Pink Owner's Copy: Gold

15430

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Dawn Hayes DATE 11/20/92 PERMIT NO. A.E. 29-B-35

PHONE: Business _____ Home 663-1926

LOCATION Perth Rd, on (R) just before Catawba River Rd TL - in pasture

SUBDIVISION NAME N/A LOT NO. _____ SECTION OR BLOCK NO. _____ S.R. No. _____

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 ~1AC.

Soil Characteristics P - C/C TRANS

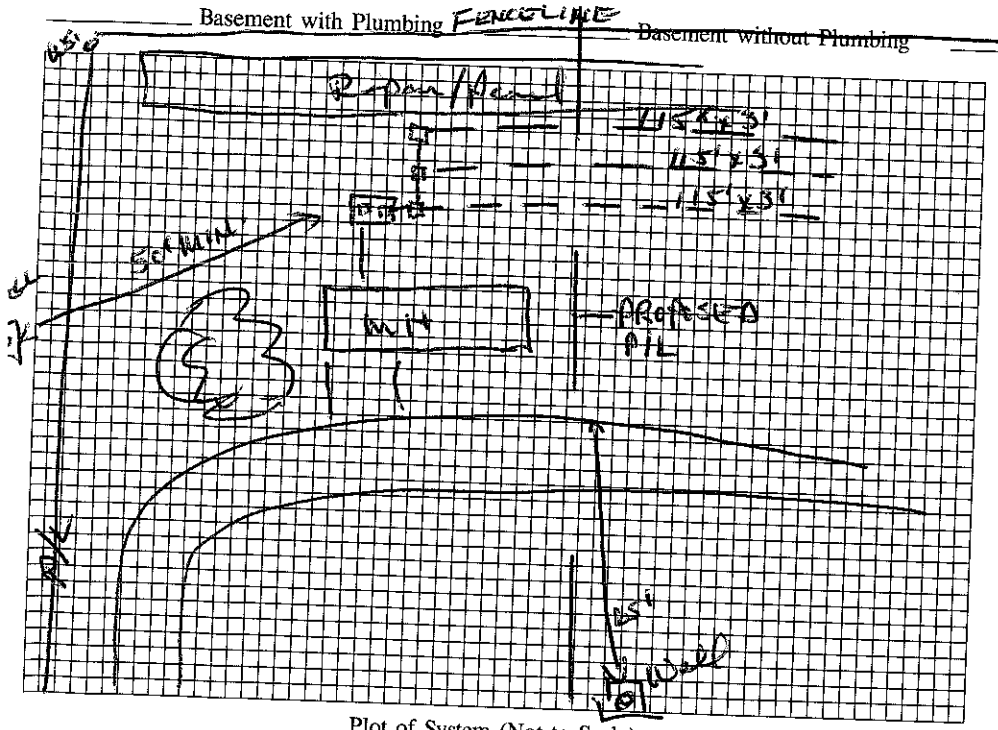
Application Rate P - .35 (wk grn - 55)

Topography P - 3-5%

Depth to Water Table P - >36" < 48"

Rock or other impervious formations P - COBBLY FIELD STONES

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3 @ 115' x 3'

Sq. Ft. 1035 Linear Ft. 342

Depth of Stone in Lines 12"

Water Supply: Individual ☑ MOTHERS

Public ☐ well

Installed by _____

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

Signed: Sherry Hayes

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

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS Easement will be required if property line becomes permanent

Lines no deeper than 36" to trench bottom in direction shown.

50' minimum separation from all wells in vicinity

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