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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR JOHN TAYLOR DATE 2/18/93 PERMIT NO. 3C1A28

PHONE: Business _____ Home 919-765-6507

LOCATION Mountain Rd; Perth TL on Fern Hill TR on Bullfinch TR on Mountain to 6th drive on (L)

SUBDIVISION NAME CL+T S.R. No. _____

LOT NO. 28 SECTION OR BLOCK NO. 1 L

House ☑ Mobile Home ☐ Business ☐ Other ADDITION

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing

Soil Characteristics Existing

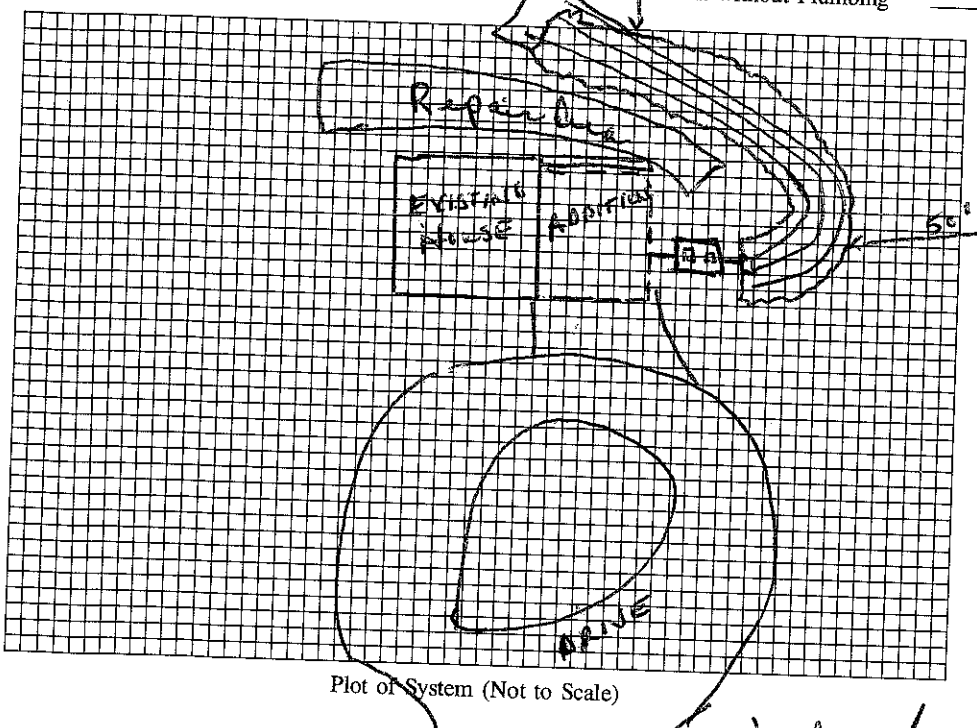
Application Rate _____

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 Existing 1500 Gals.

Nitrification Field:

No. of Lines Red 100 x 9.5' Red.

Sq. Ft. 950 Linear Ft. 300

Depth of Stone in Lines 12-16"

Water Supply: Individual ☑ on site

Public ☐

Installed by Abernathy - 1980

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 Wesley Sparks RS.

COMMENTS No evidence of malfunction - Repair to be maintained behind house on lake side.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY Wesley Sparks RS. DATE 2/18/93

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