IV

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

4645-13-5796

OWNER OR CONTRACTOR William C. Covington Jr. DATE Feb. 23, '93 PERMIT NO. 2G-12-A-4

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 (Langtree) TR Yeoman Lane 2nd house on right past Bain Rd. S.R. No. _____

SUBDIVISION NAME Yeoman Shores LOT NO. 4 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other Repair (old Existing drainfield disconnected - it crossed property line -)

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 ps clay / trans.

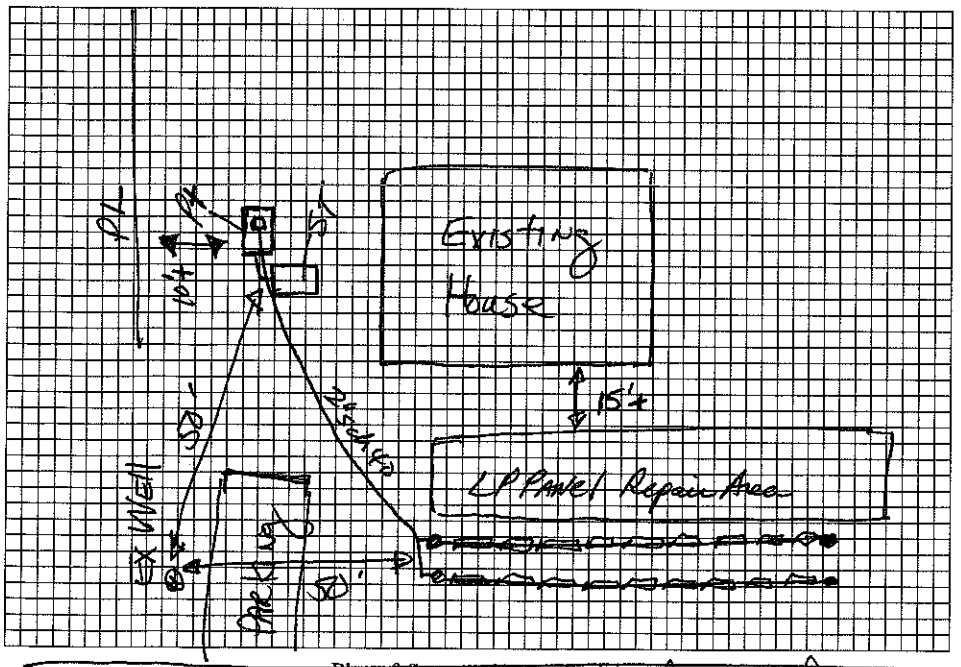
Application Rate .4

Topography ~2%

Depth to Water Table > 6'

Rock or other impervious formations NONE obs.

_____ Basement with Plumbing ✓ (pressurized - up flush toilet) Basement without Plumbing _____ No Basement _____ Crawl Space



Plot of System (Not to Scale) Yeoman Lane

Size of Tank 5T Existing / PT 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. _____ Linear Ft. 200' of

Depth of Stone in Lines 16" PPBPS

Water Supply: Individual ☑ pressure dosed

Public ☐

Installed by WES LYTTON

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 DRH

COMMENTS _____

Maintenance agreement to be renewed annually.

Operation permit

CERTIFICATE OF COMPLETION BY David R. Hinson, RS. DATE 2/23/93

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