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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Brian Hendle DATE 10/1/92 PERMIT NO. NOT ON P.O.

PHONE: Business _____ Home 875-3710

LOCATION 1100, TL on Conover Church, TL 2nd Woodduck Lp., TR on Crystal Cir to 4th lot on (L) S.R. No. _____

SUBDIVISION NAME Crystal Bay LOT NO. 13 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 20,000 FT2

Soil Characteristics P C/SIC

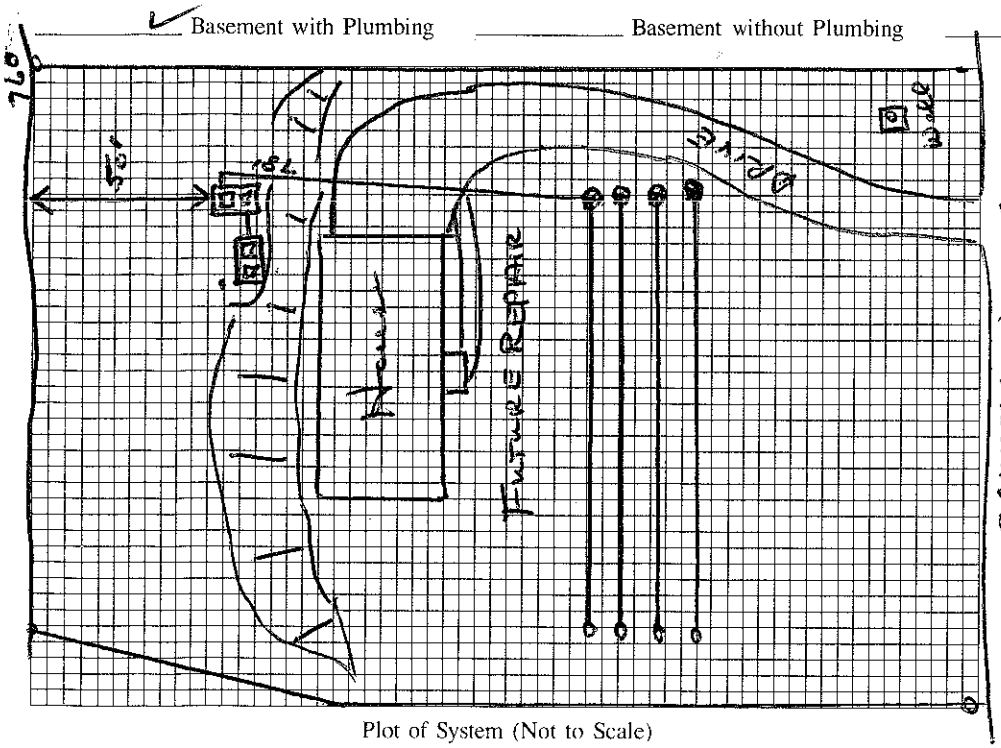
Application Rate P .3 (SP, SS, WK GRAN)

Topography P 7-10%

Depth to Water Table S >48"

Rock or other impervious formations S None observed

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



Plot of System (Not to Scale)

Size of Tank 1000 / Pump Tank 1028 Gals.

Nitrification Field:

No. of Lines 4@ 50'x2' *

Sq. Ft. _____ Linear Ft. 200

Depth of Stone in Lines 6" Stone & Knock

Water Supply: Individual ☑ Public ☐

* 16" Prefabricated Permeable Panel

Installed by Richard Abernethy

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 _____

* OPERATIONS PERMIT.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 10/2/92

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