4646-05-9098

IREDELL COUNTY HEALTH DEPARTMENT

12073

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Ann M. Miller DATE 8/7/92 PERMIT NO. 2K-3-A-42

PHONE: Business _____ Home 664-9595

LOCATION Crystal Circle & Conover back TL on 2ND Woodhurst TR on Crystal Cir ~.3 mile on (R) in Cove S.R. No. 1264

SUBDIVISION NAME Crystal Bay LOT NO. 42 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 (4) No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 20,000 FT²

Soil Characteristics P

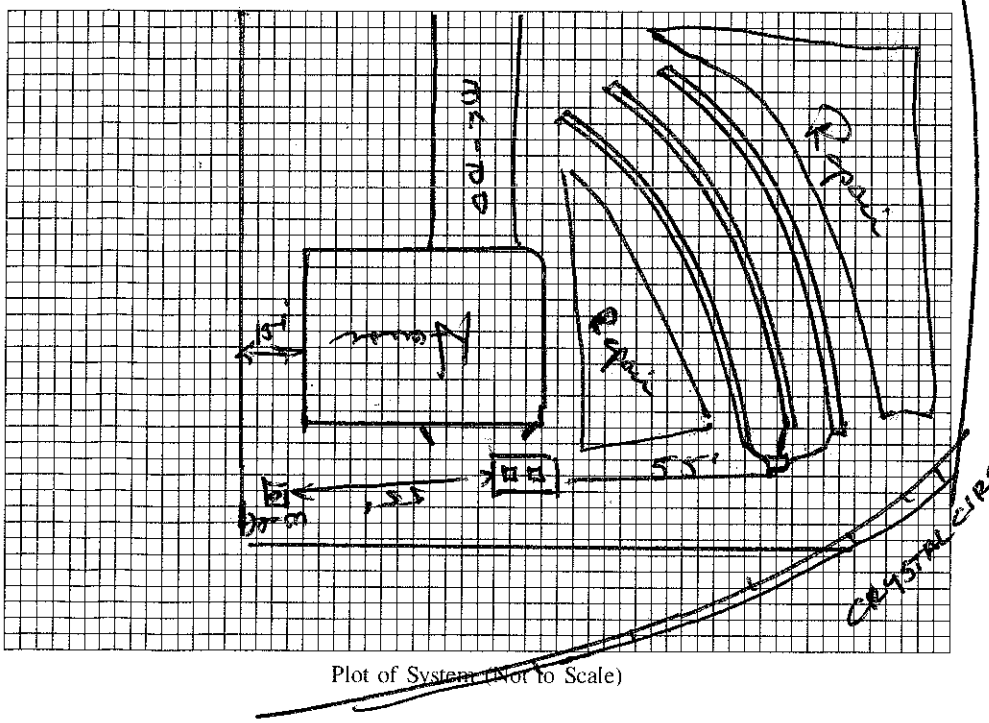
Application Rate P .35

Topography S

Depth to Water Table S

Rock or other impervious formations S

_____ 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 3 @ 60' x 2'

Sq. Ft. _____ Linear Ft. 180' ✓

Depth of Stone in Lines _____

Water Supply: Individual ☑ ~~NOT DRILLED~~

Public ☐ ~~Cpvc~~

8/7 K2 Mods

16" Perfab. Permeable Panels

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 _____

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 8/7/92

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