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# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Spear Const. Co. DATE March 2, '93 PERMIT NO. 2K-18-A-14

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 TL Turnberry on left near end S.R. No. _____

SUBDIVISION NAME St. Andrews Village LOT NO. 14 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2½

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 20,000 ft²

Soil Characteristics PS clay

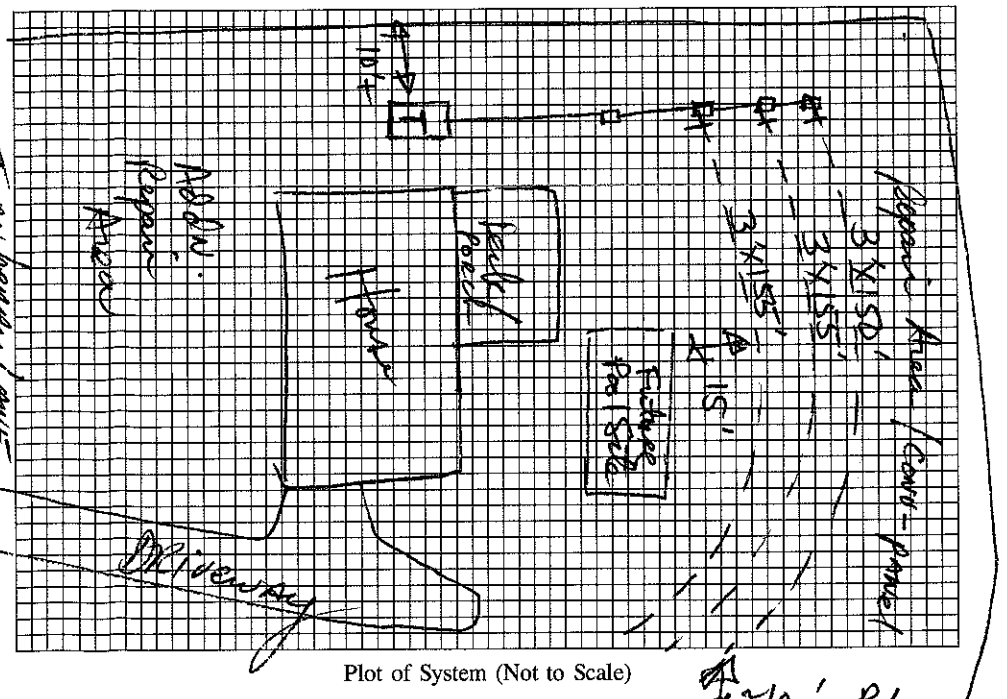
Application Rate .35

Topography 4-6%

Depth to Water Table > 4'

Rock or other impervious formations None obs.

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




Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1380 Linear Ft. 460

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑ CW

Installed by Rowan S.T.

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 DKH

COMMENTS Trainfield moved farther from house to allow room for future swimming pool. This reduced amount of gravity flow repair area.

CERTIFICATE OF COMPLETION BY DK Hinson, RS DATE 3/2/93

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