14475

IREDELL COUNTY HEALTH DEPARTMENT 4646 29-0400

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Tim Stone DATE 9/24/92 PERMIT NO. 2K-19-A-15

PHONE: Business _____ Home 875-1336

LOCATION Fairstead Rd - straight to culde sac - house on (R) before culde sac

SUBDIVISION NAME Fairstead Estates LOT NO. 51 SECTION OR BLOCK NO. 2 S.R. No. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 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 - C/SIC TRANS

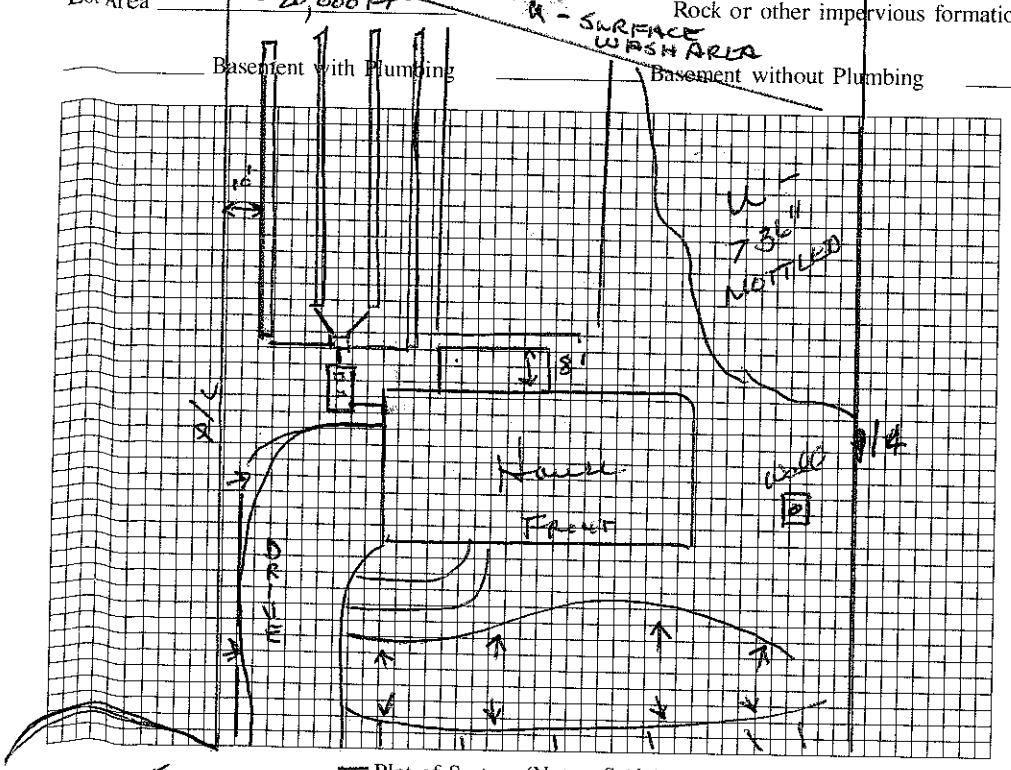
Application Rate P-.3 (WK GRAN - SP)

Topography P - 2-3%

Depth to Water Table P - 42" (ON UPPER SIDE OF LOT

Rock or other impervious formations _____

_____ 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 4 @ 50' x 2'

Sq. Ft. _____ Linear Ft. 200 *

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☑ Public ☐

* Prefabricated Permeable Panels

Installed by Rawson Septic Tank

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 RS. DATE 9/24/92

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