PIN # 4648-32-0346

13870

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Wm + Judy Wood DATE 11/16/92 PERMIT NO. 2-L-A-89

PHONE: Business _____ Home 704-846-4784

LOCATION Beech Tree Rd. off Brawley School Rd.

S.R. No. _____

SUBDIVISION NAME Beech Tree Forest LOT NO. 8+9 SECTION OR BLOCK NO. _____

To BEECHTREE RD R/W

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 ~ 80,000FT²

Soil Characteristics P - cl / c

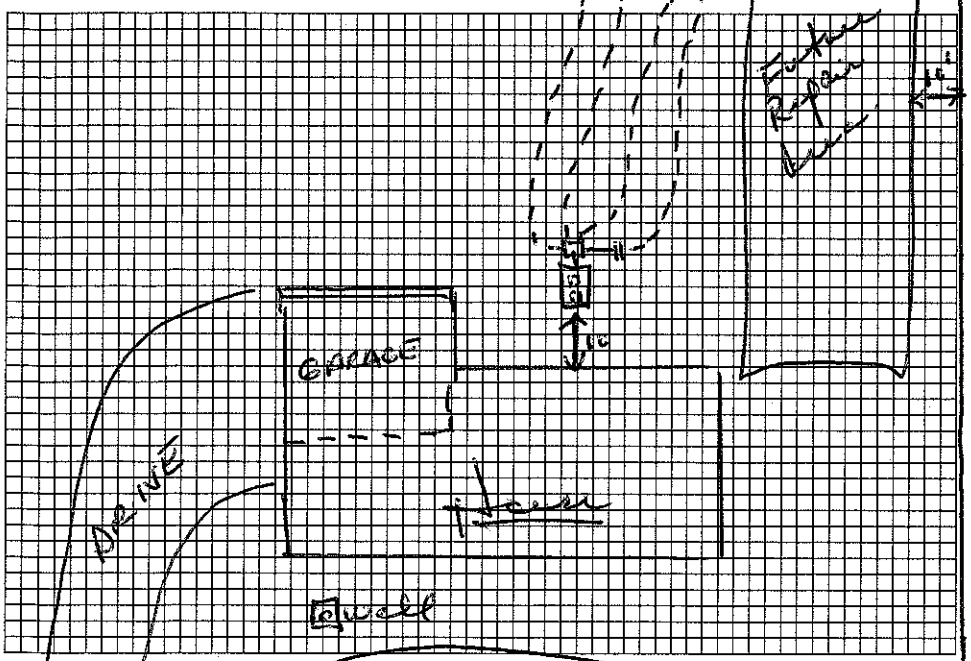
Application Rate P - .3 (wk, s, sp)

Topography A

Depth to Water Table 5

Rock or other impervious formations 5

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field: 4(E) 80,100,110,120

No. of Lines _____

Sq. Ft. 1230 Linear Ft. 410

Depth of Stone in Lines 12

Water Supply: Individual ☑ Public ☐

Installed by Nelson Hathcock

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 2ND ENTRANCE TO BEECHTREE FOREST

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 11/16/92

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