P 3897

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

4649-16-5472

OWNER OR CONTRACTOR Odell Storey (LORI ARRWOOD) DATE 9/23/92 PERMIT NO. 3F-11A-19+20

PHONE: Business 932-6195 Home

LOCATION 150 W TR ON 1303 TR ON KNOTTY PINE LANE (~ 1/4 mi l/e ON ® OFF + BELOW CUL DE SAC

S.R. No.

SUBDIVISION NAME Knotty Pine LOT NO. 19+20 SECTION OR BLOCK NO. N/A

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 ~ 1 ACRE

Soil Characteristics * APPROVED FOR LPP ONLY

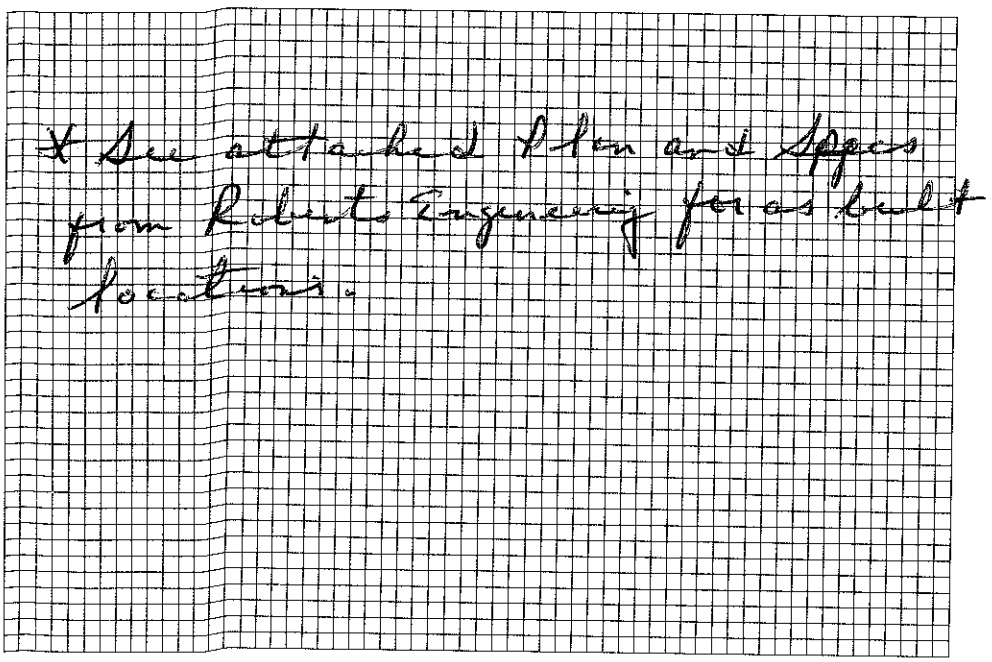
Application Rate SEE ENGINEERS PLAN .13

Topography

Depth to Water Table

Rock or other impervious formations

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



Plot of System (Not to Scale)

Size of Tank 1500 / 1000 PUMP TANK Gals.

Nitrification Field:

No. of Lines 9 - 60 - 70' (SEE PLAN)

Sq. Ft. 2700 Linear Ft. 540

Depth of Stone in Lines

Water Supply: Individual ☐ Public ☐

Installed by Delbert Bostian

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 9/25/92

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