4649 89 5568

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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Bobby Dene Lewis DATE 1/21/92 PERMIT NO. 4F-B-128

PHONE: Business _____ Home 308-3428

LOCATION Rankin Hill Rd, 115N - TL 1st FLOWERHOUSE, TL on RANKIN HILL w/100' on (R) in edge of field S.R. No. 1311

SUBDIVISION NAME N/A LOT NO. N/A SECTION OR BLOCK 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 1 Ac

Soil Characteristics P - C - SIC

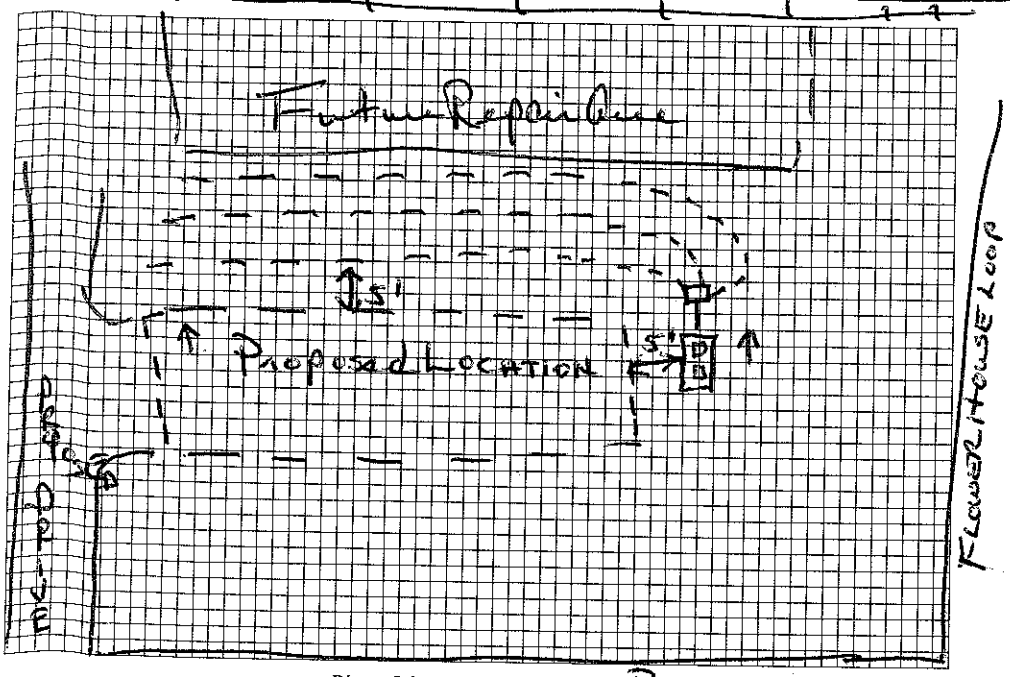
Application Rate .35 (wk sbk - ss)

Topography 2-3% h

Depth to Water Table >48"

Rock or other impervious formations none found

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



Plot of System (Not to Scale) RANKINHILLRD

Size of Tank 1000 Gals.

Nitrification Field: 105 110 130 X 3'

No. of Lines 30

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED

Public ☐ YET

Installed by Hudler

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 Mobile Home not on property yet. Keep tanks 5' from septic tank and drainlines. Well must be a minimum of 50' away from all parts of septic tank and drainlines. Trenches shallow - cannot be plowed or tilled over safely.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 1/21/92

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

13807

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Bobby Gene Lewis DATE Dec. 20, '91 PERMIT NO. 4F-B-128

PHONE: Business _____ Home _____

LOCATION 115-21 N. TL 1312 (Flowers House Loop) TL 1311 (Rankin Hill Rd.) ~100'-200' on Right S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

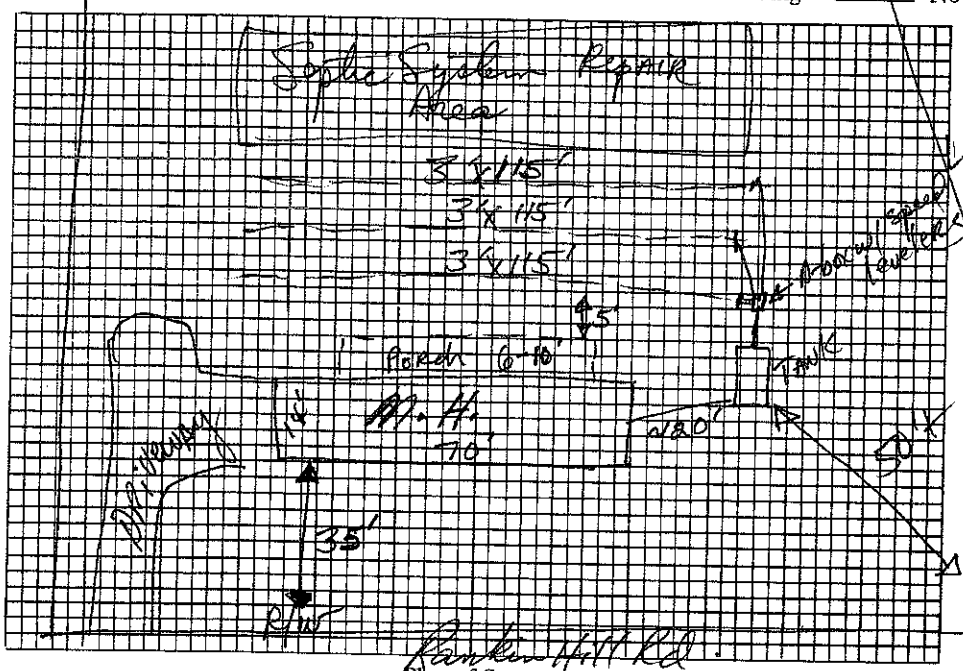
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	ps clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	~35
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	~4%
Site Suitable RS	Yes ( )	No ( )	Depth to Water Table	44
			Rock or other impervious formations	none obs.

Lot Area 1 Ac Depressional area between Farm terraces

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: Bobby G Lewis

IMPROVEMENTS PERMIT BY Harold R. Hinson, R.S.

COMMENTS: 36" maximum trench bottom depth

CERTIFICATE OF COMPLETION BY _____ DATE _____

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 false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold