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1316

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Dick (JOE PHELAN) DATE 1/16/92 PERMIT NO. 24-0-92

PHONE: Business _____ Home 704-873-

LOCATION Turnersburg Area - US 21 to Bethel Rd to L on Turnersburg Church Rd to L on Hilltop Rd 1st house on L on Rt

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics Fair Sandy Loam

Garbage Disposal Unit Yes ☐ No ☑ Application Rate 3 gal/sq ft

Instl. Dishwasher Yes ☑ No ☐ Topography 3-5%

Instl. Wash. Machine Yes ☑ No ☐ Depth to Water Table 48"

Other Info No 1316 Rock or other Impervious Formation CONTINUOUS BELOW 48"

Basement with Plumbing ☐ Basement without Plumbing ☐ No Basement ☑ Crawl Space ☐

Size of Tank 1000 / 1000 Gals

Distribution Field:

No. of Lines 4 @ 100 L.F.

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

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

Plan of System (Not to Scale) Easement L.R.

IMPROVEMENT PERMIT BY Bobby Lentz R.S.

PAYMENT Trench lines must be level to within 2" from end to end. Fill trenches with 6" of gravel. Place 6" of gravel over pipe. Cover gravel with untreated building paper or straw before backfilling with earth. Lines shall be constructed as shown on this plan.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

This is VOID if any unauthorized changes are made in location of system, and/or if any unapproved changes are made in the size, number or type of system as specified on approved improvement permit.

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

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AEROQUIP CORP 08:35 AM 01-24-95