4656-24-7946

IREDELL COUNTY HEALTH DEPARTMENT

2043

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Alan W Sanderson DATE 8/12/92 PERMIT NO. IR389

PHONE: Business _____ Home _____

LOCATION Four Square Ch. Rd.

S.R. No. _____

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

House ☐ Mobile Home ☑ Business ☐ Other Replacing 2 bedroom SW - with 3 bdrm - upgrading system

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area EXISTING 72,000 FT²

Soil Characteristics P

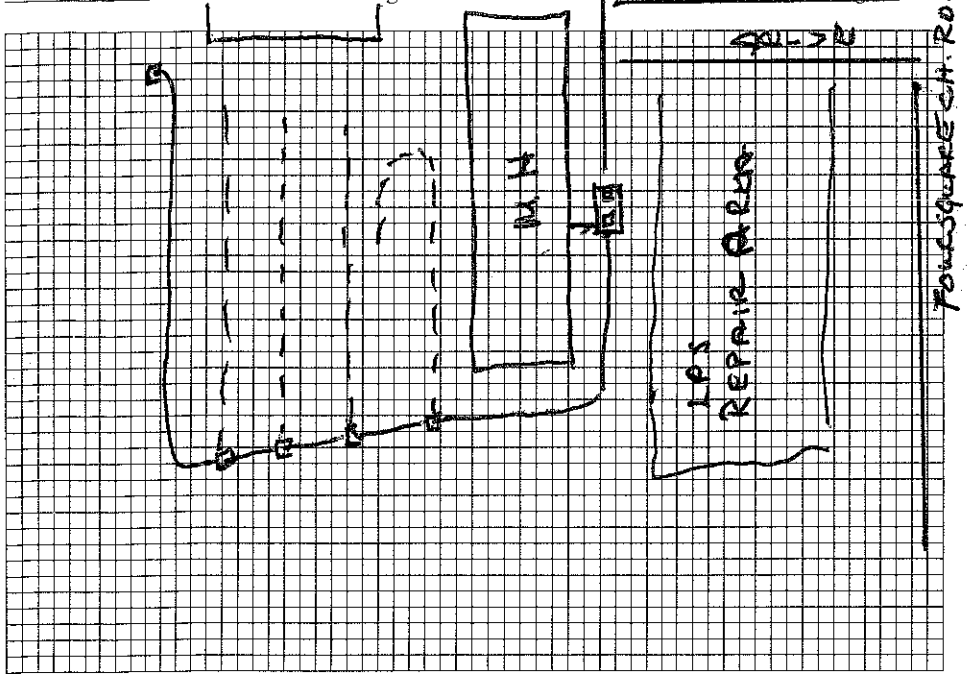
Application Rate P 3'

Topography P 4-6%

Depth to Water Table P 36"

Rock or other impervious formations S - None Found

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



Plot of System (Not to Scale)

Size of Tank EXISTING 1000 Gals.

Nitrification Field: EXISTING

No. of Lines 4 + SYSTEM

Sq. Ft. 720 Linear Ft. 240 + EX

Depth of Stone in Lines 12"

Water Supply: Individual ☑ EXISTING

Public ☐

Installed by Andy Jones

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 8/11/92

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

IREDELL COUNTY HEALTH DEPARTMENT

2043

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Alan W. Sanderson DATE Aug 3, '92 PERMIT NO. IR3869

PHONE: Business _____ Home _____

LOCATION 1155. TR 4 Square Rd. ~ ½ mile on right

S.R. No. _____

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

House ☐ Mobile Home ☑ Business ☐ Other Replacing 2 bedroom SW with 3 bedroom DW upgrading system

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area Existing ~20,000sq ft

Soil Characteristics PS clay

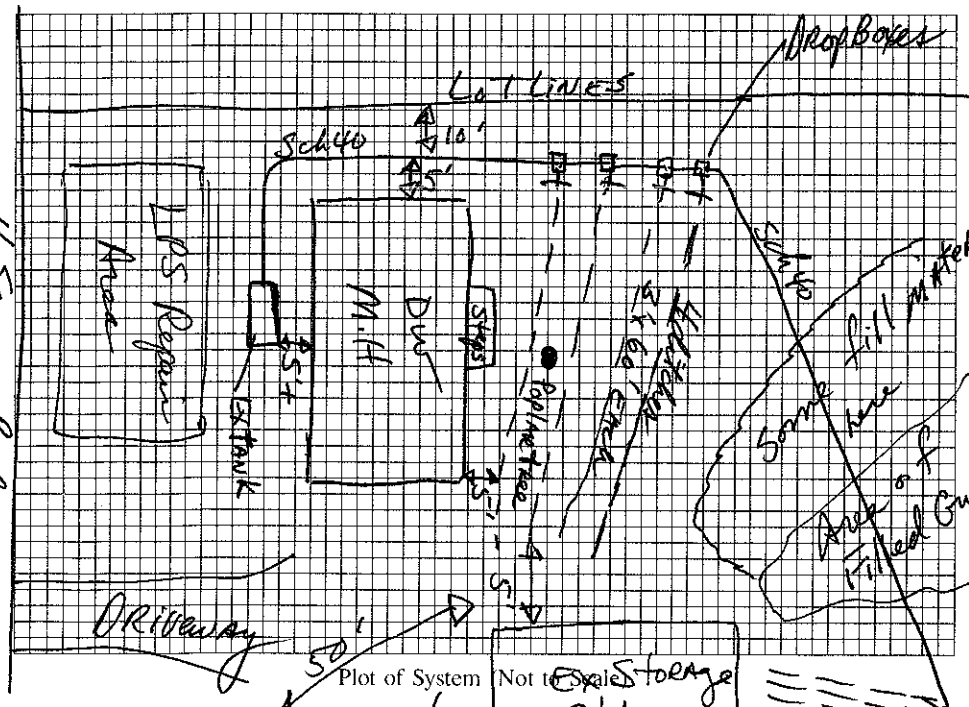
Application Rate ~.3

Topography ~4-6%

Depth to Water Table 36"

Rock or other impervious formations none obs.

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



Plot of System Not to Scale

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 4 + Existing

Sq. Ft. 720 + Linear Ft. 240 + Ex.

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Existing

Public ☐

Installed by _____

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

Signed: Alan W. Sanderson

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY D.R. Hunter, R.S.

COMMENTS Follow contour with drainfield. 24" trench bottom depth.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

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