4659-34-7740

15884

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Earl Parker DATE April 23, '93 PERMIT NO. 4E4A4

PHONE: Business _____ Home _____

LOCATION 115-21 N. TR into Freeze Crossing 4th lot on left

S.R. No. _____

SUBDIVISION NAME Freeze Crossing LOT NO. 4 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Modular Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 2.69 Ac

Soil Characteristics ps clay

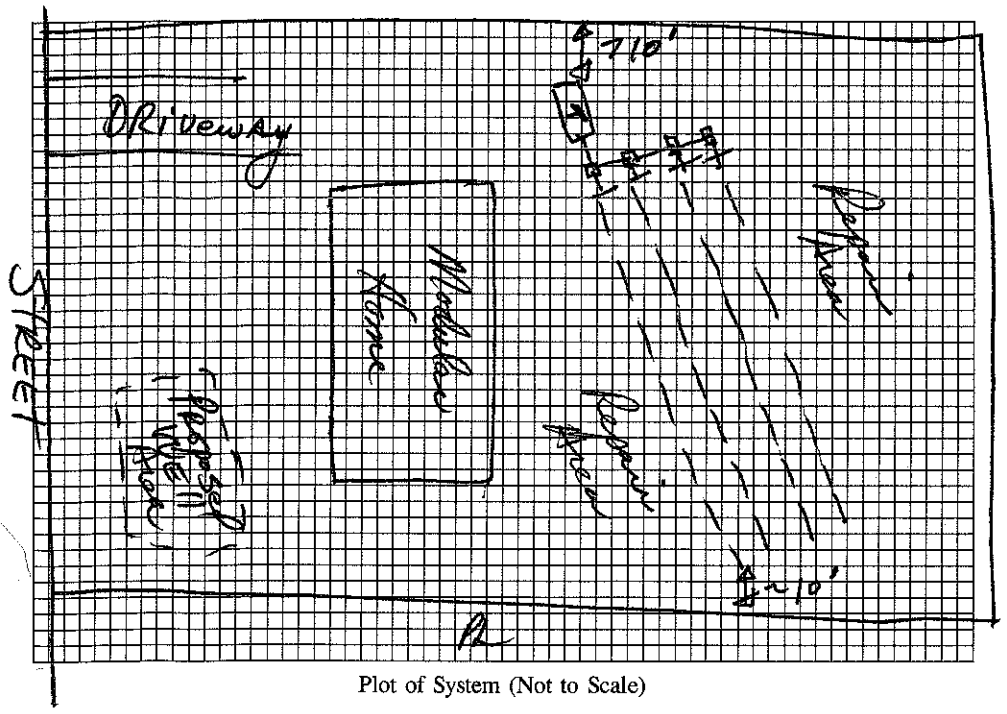
Application Rate .3

Topography 4 6%

Depth to Water Table ≥ 4'

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 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Not drilled yet

Public ☐

Installed by Iron Horse Grading Lincoln Co.

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 AWS

COMMENTS _____

CERTIFICATE OF COMPLETION BY David R Hinson, RS DATE 4/23/93

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