4665 62 2907

14575

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Steve Linn Williams DATE 10/12/92 PERMIT NO. IE-4-52

PHONE: Business _____ Home 704-366-2208

LOCATION Mill Pond Rd. - Shearers Chapel TL on Springtime Hse TL on Mill Pond - .2 mile on (R) S.R. No. _____

SUBDIVISION NAME Timberview LOT NO. 52 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 ~ 1.25 AC

Soil Characteristics P - 5c / C TRANS

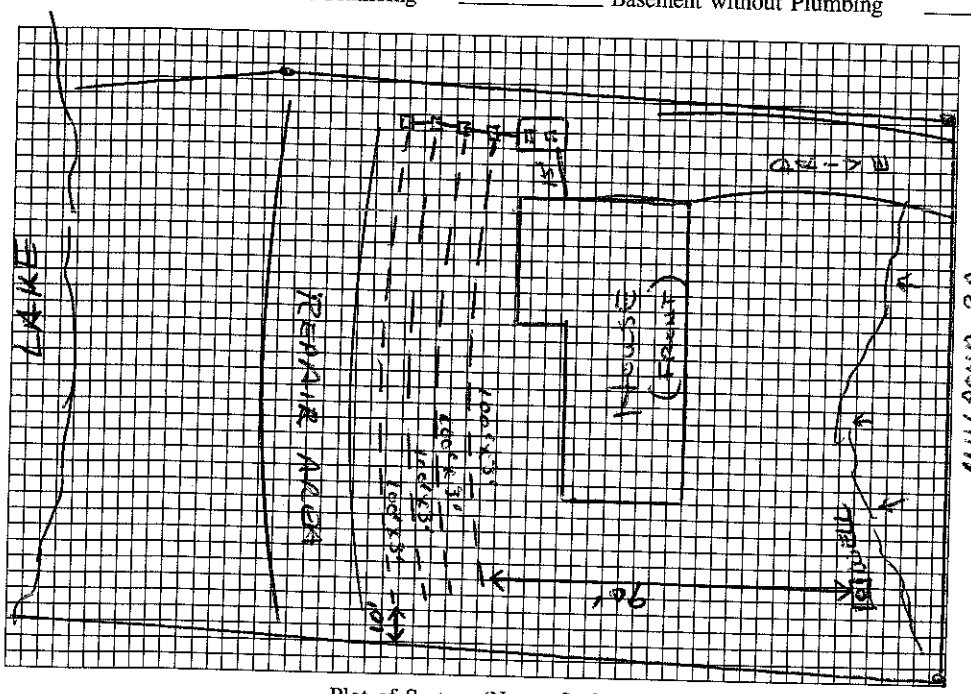
Application Rate P - .35 (SP - 55)

Topography P - 3%

Depth to Water Table S - >48"

Rock or other impervious formations P - 40-42" TO SAPROLITE

_____ 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 @ 100' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED

Public ☐ YET.

Installed by F J ERVIN.

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 Wesley Sparks RS. DATE 10/12/92

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