# IREDELL COUNTY HEALTH DEPARTMENT

2066

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR EVELYN COOK DATE 8/25/92 PERMIT NO. IN1-C-15

PHONE: Business _____ Home _____

LOCATION EASTOVER DR - 150' E TL ON OVERHEAD BRIDGE TK ON OLIPHANT TL INTO EASTOVER, AROUND CURVE, NEXT TO LAST ON R S.R. No. _____

SUBDIVISION NAME EASTRIDGE LOT NO. 15 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 ~.96AC

Soil Characteristics P - 51 C

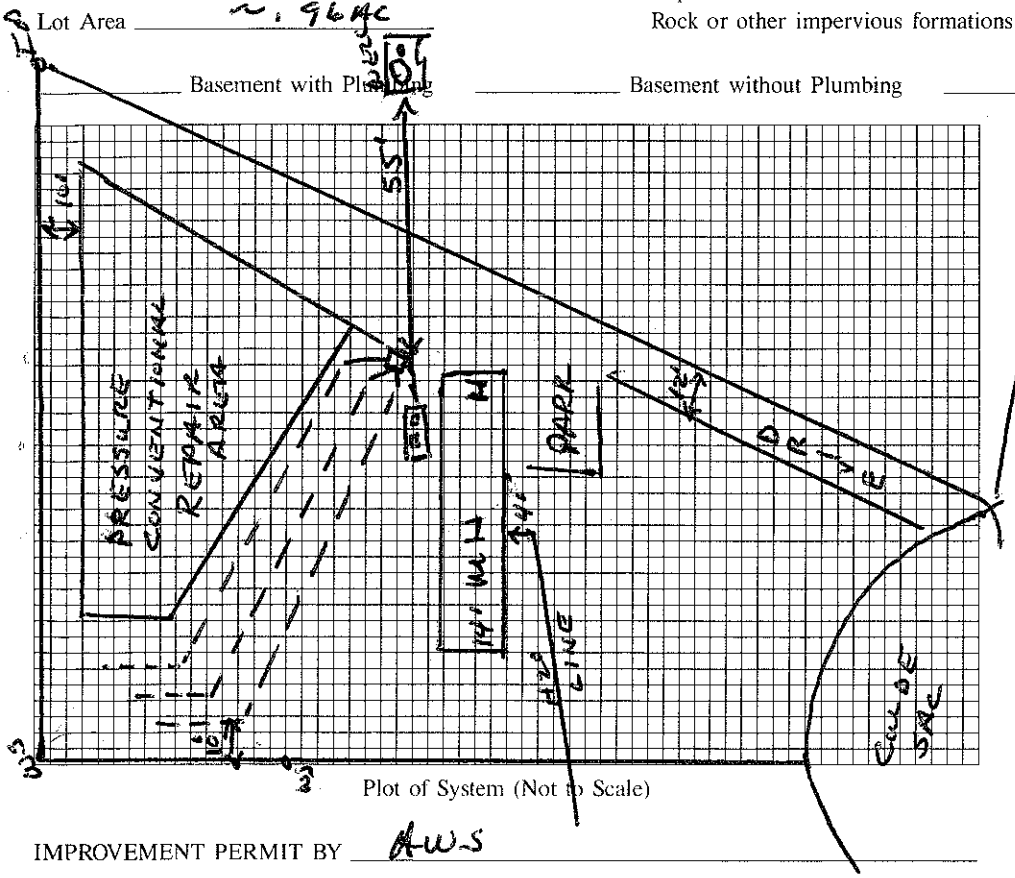
Application Rate P. 35 (55 SP wk SBK)

Topography P - 30%

Depth to Water Table 5 > 48"

Rock or other impervious formations 5 - NONE OBSERVED

_____ 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 3 @ 114' X 3'

Sq. Ft. 1028 Linear Ft. 342

Depth of Stone in Lines 12"

Water Supply: Individual ☑ ON LOT

Public ☐ # 14

Installed by LASH STONE

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 R.S. DATE 8/25/92

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 fa' information is supplied toward securing Improvement Permit.

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