1986 PIN# 4668-73-4474

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Evelyn Cook DATE 6/23/92 PERMIT NO. 1N-1C-14

PHONE: Business ______ Home ______

LOCATION Oliphant Rd; TR off Overhead Bridge Rd. TL into Eastridge last lot on (R) on cul de sac S.R. No. ______

SUBDIVISION NAME Eastridge LOT NO. 14 SECTION OR BLOCK NO. ______

House ☐ Mobile Home ☑ Business ☐ Other ______

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~1Ac

Soil Characteristics P - C TRANS

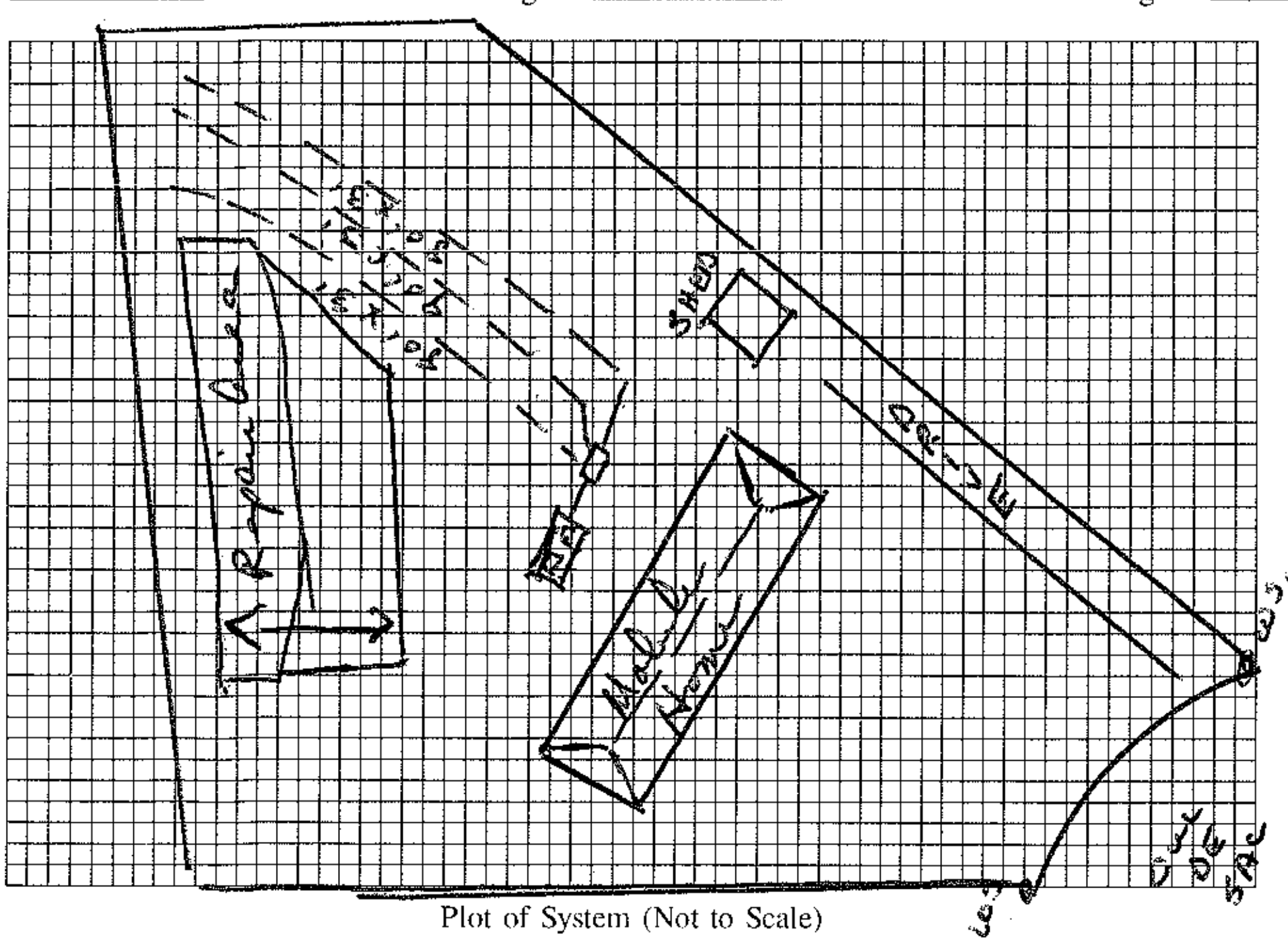
Application Rate P - .3 (sp-wk-granular)

Topography P - 10%

Depth to Water Table S >48"

Rock or other impervious formations S - 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 @ 80'x3'

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED YET
Public ☐

Installed by LASHSTONE

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 6/23/92

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