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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Wm. Martin Sedberry DATE 7/15/92 PERMIT NO. 16-A-62

PHONE: Business _____ Home 872-4302

LOCATION Brumley Rd, TL off Enochville Rd, X creek approx 1.4 miles on (L) to end of road, straight to end of drive way X Pipeline R/W S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ 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 ~ 8 Ac.

Soil Characteristics P - C

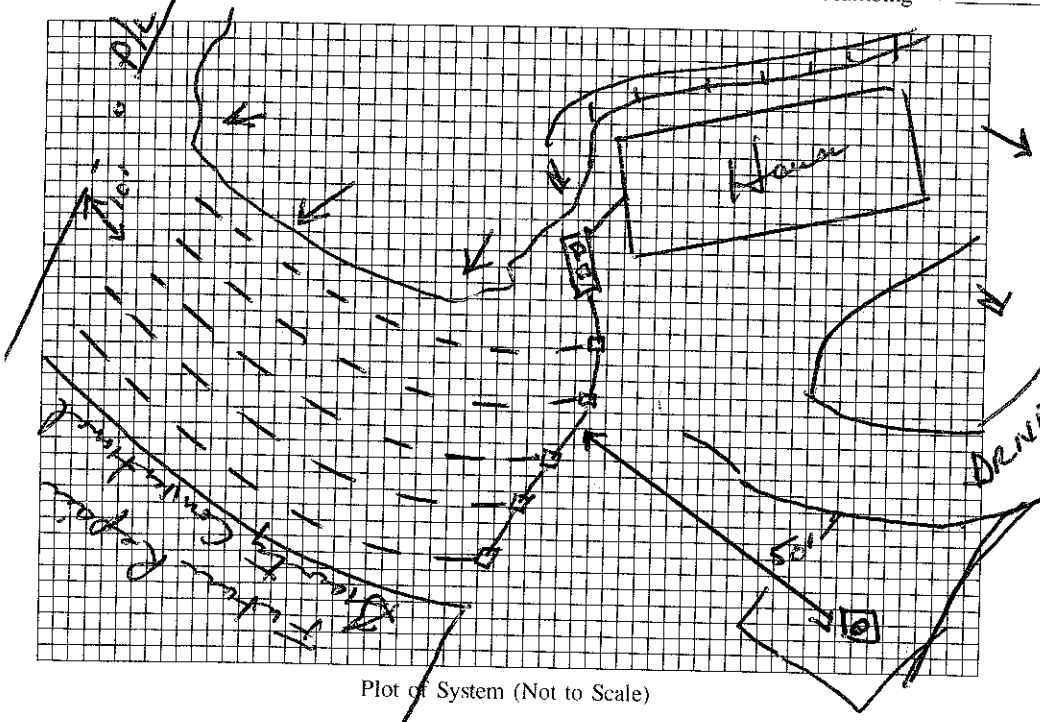
Application Rate P - .3 (sp - 5)

Topography A - 8%

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 5 @ 80' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by F T 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 Difficult site due to location of well. House shifted upslope and oriented more southerly than before. Divert surface water from house away from septic Tank.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 7/15/92

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

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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Wm. Martin Sedberry DATE 6/10/92 PERMIT NO. 16-A-62

PHONE: Business _____ Home 872-4302

LOCATION Brumley Rd; approx. 1/2 mile on Rt. from 152

SUBDIVISION NAME _____ S.R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 5 No. Bathrooms 3

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~8 Ac.

Soil Characteristics P - C/C TRANSITION

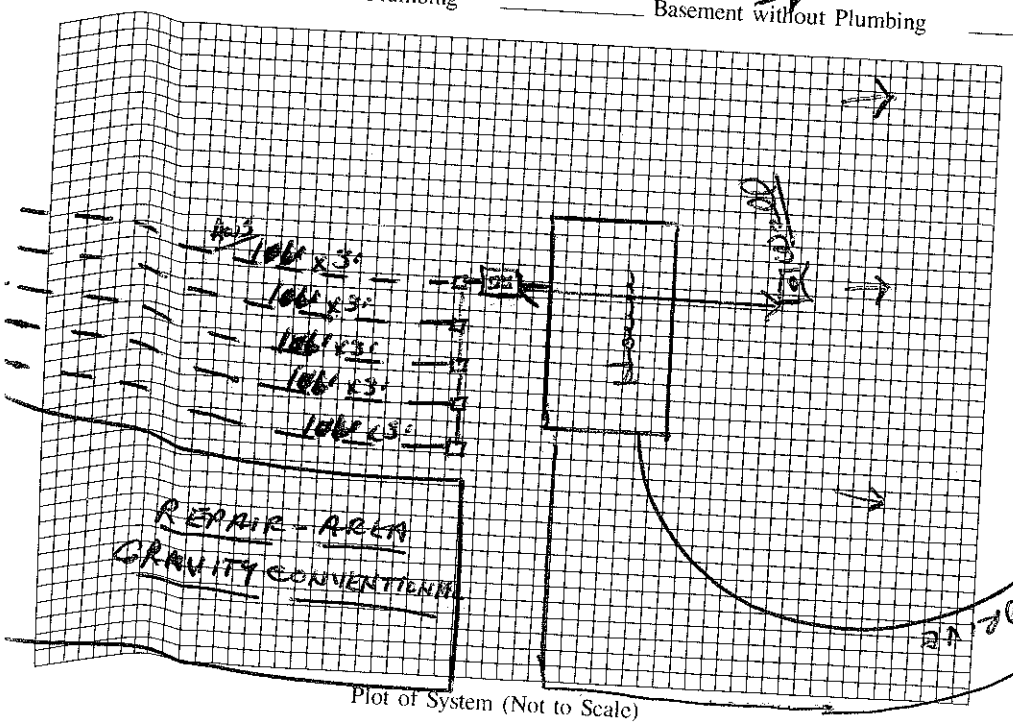
Application Rate P - .3 (SP-SS)

Topography P - 3%

Depth to Water Table 5 - >48"

Rock or other impervious formations 5 - None found

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



Plot of System (Not to Scale)

Size of Tank ~~1250~~ 1000 Gals. AWS

Nitrification Field: 4 100' AWS

No. of Lines ~~2~~ @ ~~100'~~ x 3'

Sq. Ft. ~~1200~~ Linear Ft. ~~500~~ 400

Depth of Stone in Lines 12"

Water Supply: Individual ✓ NEW DRILLED WELL

Public ☐

Installed by _____

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

Signed: X Kathi W. Sedberry

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

IMPROVEMENT PERMIT BY Wesley Sparks

COMMENTS

Trenches on slope contour is direction shown. Trenches no deeper than 36" to trench bottom. Well to be located 50 feet minimum from all parts of Septic Tank System.

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

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