15624

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

8J-51-A-4 on terminal

OWNER OR CONTRACTOR Steven + Doris Brown DATE 2-11-93 PERMIT NO. 8J-51-A-4

PHONE: Business _____ Home _____

LOCATION E. Lewis Ferry Rd TR Evfola Rd TL Angela Lane on left at end

SUBDIVISION NAME Stacy Acres LOT NO. 4 S.R. No. _____ SECTION OR BLOCK NO. _____

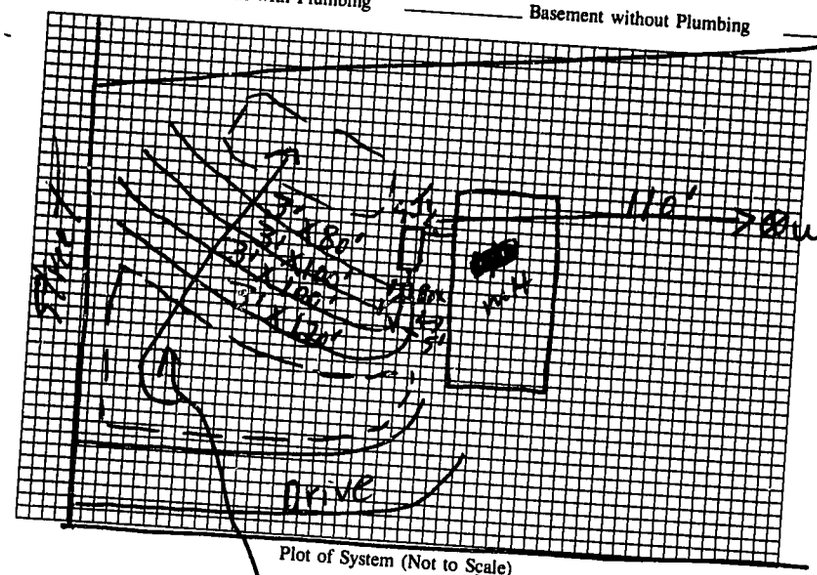
House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit: Yes ☐ No ☑
Auto. Dishwasher: Yes ☑ No ☐
Auto. Wash. Machine: Yes ☑ No ☐
Lot Area 2.15 acres

Soil Characteristics Clayey
Application Rate .3
Topography 3 to 6%
Depth to Water Table 10'+
Rock or other impervious formations none

_____ 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 ☑
Public ☐

Installed by Forest Shuford

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 L. C. Moore

COMMENTS 100% Repair area conv. Gravity lines

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY L. C. Moore DATE 2-11-93

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