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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR PATRICIA BIRCHFIELD DATE 5-5-92. PERMIT NO. 8M-7-A-18.

PHONE: Business _____ Home _____

LOCATION I-40W-T.L. on old mtn. Rd.-T.R. on Berlah Church Rd. stay straight Pasts Mack Mill Rd.-T.L. into dev.-Lot on R near end. S.R. No. _____

SUBDIVISION NAME STONEWOOD DEV. PHASE II LOT NO. 18. 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 115' X 172.5'

Soil Characteristics Prov. Suitable.

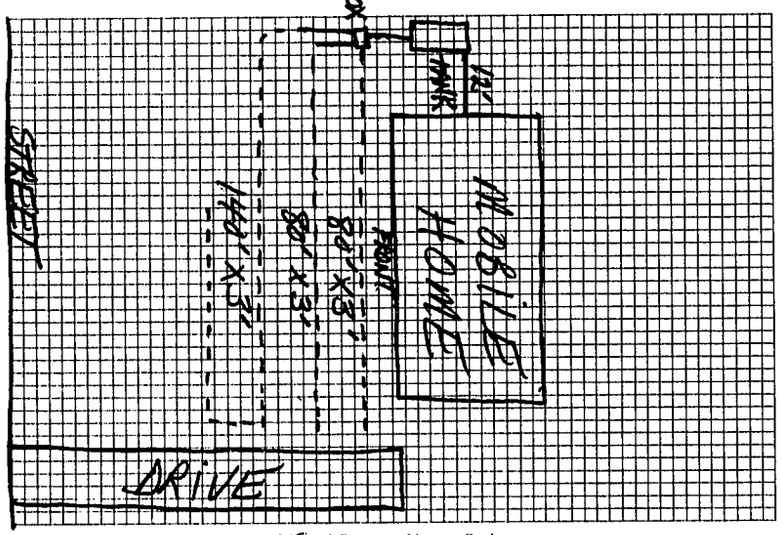
Application Rate .4 gal./sq. ft.

Topography 6-8%

Depth to Water Table >4'

Rock or other impervious formations scattered surface rock.

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



Plan of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by A-1 Backhoeder

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 Steve Hedrick

COMMENTS Keep waterline 10' from S.T. system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-5-92.

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