14781

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Brenda K. Cash DATE 6/24/92 PERMIT NO. 92M-7-A-23

PHONE: Business _____ Home _____

LOCATION Mock Mill Rd, Lf into Stonewood, 5th Lot on Rt _____ S.R. No. _____

SUBDIVISION NAME Stonewood Dev. LOT NO. 23 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2 Soil Characteristics Prov. Suitable

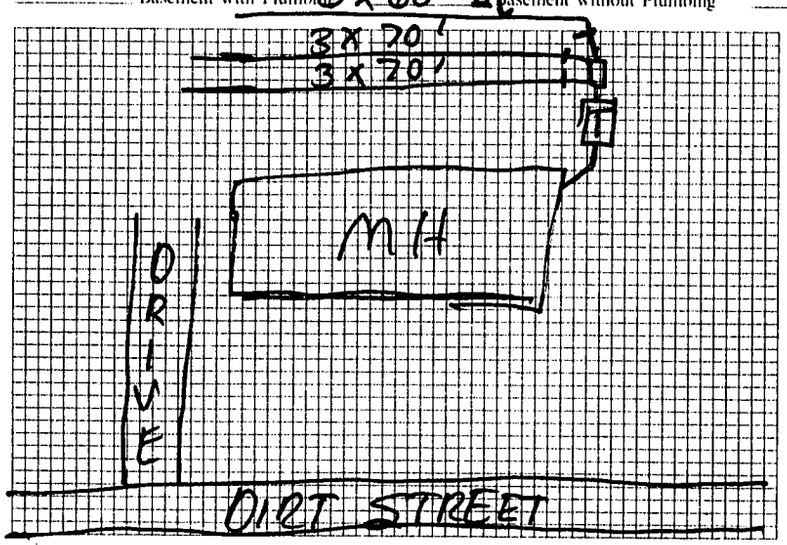
Garbage Disposal Unit Yes ☐ No ☑ Application Rate 0.4 Spd/ft²

Auto. Dishwasher Yes ☐ No ☑ Topography 2-6% 4" ft

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table _____

Lot Area Ample Rock or other impervious formations None noted

_____ Basement with Plumbing 3 x 60' ± _____ Basement without Plumbing ☑ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines _____

Water Supply: Individual ☐ Public ☑

Installed by Harry Reep

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 TSB

COMMENTS _____

CERTIFICATE OF COMPLETION BY _____ DATE 6/24/92

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