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46904

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Tamara D. Stewart. DATE 5-12-93 PERMIT NO. 8N-A-98

PHONE: Business _____ Home _____

LOCATION I40 W TL Old Mtn. Rd. TR Beulah Rd. Behind 2nd House on L past I40 underpass. S.R. No. _____

SUBDIVISION NAME NA LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 4.29 acres

Soil Characteristics P.S. Clay

Application Rate .35 gpd/ft²

Topography 8-10% Head.

Depth to Water Table >4

Rock or other impervious formations NA

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

Size of Tank 1000 (2-18-93) Gals.

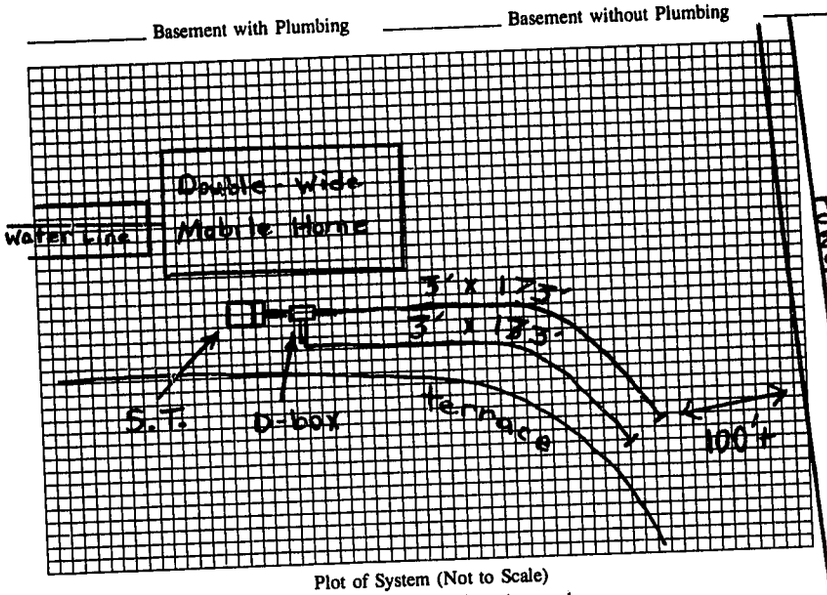
Nitrification Field:

No. of Lines 2

Sq. Ft. 1035 Linear Ft. 345'

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑ County H_2O



Plot of System (Not to Scale)

Installed by A-1 Backhoe

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 MH min. 5' from foundation to septic system.

CERTIFICATE OF COMPLETION BY Michael J. Dennis DATE 5-12-93

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