15217.

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR JOHN W. MASSEY DATE 10-2-92. PERMIT NO. 853-A-10.

PHONE: Business _____ Home _____

LOCATION Off Nts. Rd. north of Bradford Rds: go approx. one mile NT.R. into dev. go over hill on left. S.R. No. _____

SUBDIVISION NAME HALLMARK ESTATES. LOT NO. 10. SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☐ DOUBLEWIDE Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics Prov. Suitable.

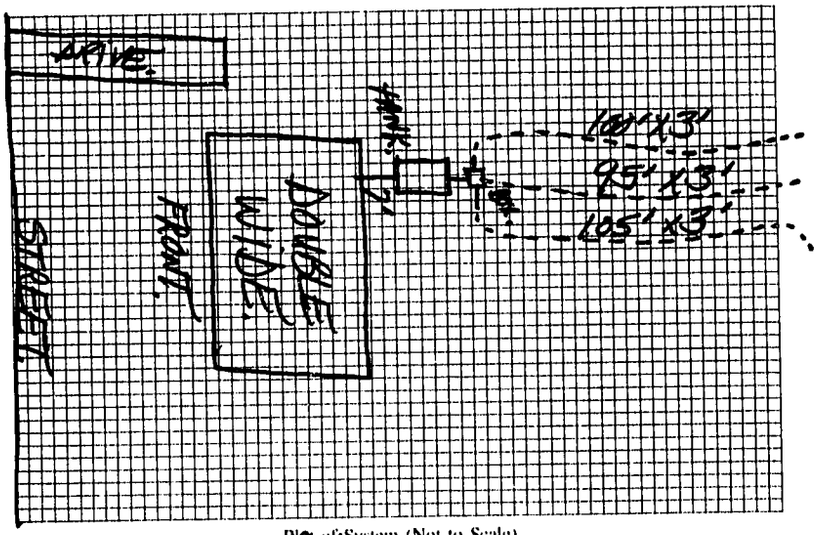
Garbage Disposal Unit Yes ☐ No ☐ Application Rate .60 gal/sq. ft.

Auto. Dishwasher Yes ☐ No ☐ Topography 2-6%

Auto. Wash. Machine Yes ☐ No ☐ Depth to Water Table 10+

Lot Area Ample. Rock or other impervious formations none observed.

_____ 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 Brown

COMMENTS _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 10-2-92.

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