14469.

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR JERRY W. PHILLIPS DATE 6-18-92. PERMIT NO 85-3-A-244-25,

PHONE: Business _____ Home _____

LOCATION Old Mtn. Rd. north of Bradfords X Rds. - go approx. 1.5 miles to T.R. into dev. - go over crest of hill on L. S.R. No. _____

SUBDIVISION NAME HALLMARK ESTATES, LOT NO. 24+25. SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ DOUBLEWIDE Business ☐ Other _____

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

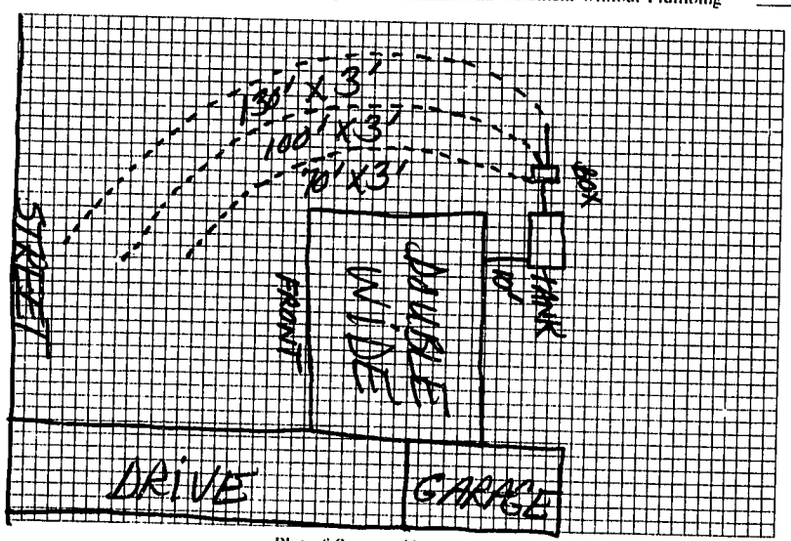
Garbage Disposal Unit Yes ☐ No ☑ Application Rate .49 gal/sq. ft.

Auto. Dishwasher Yes ☑ No ☐ Topography 2-8%

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



Plot 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 Keith Speece

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 6-18-92.

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