14606

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Steven M. Hale DATE 6/24/92 PERMIT NO. 85-3-A-15

PHONE: Business _____ Home _____

LOCATION Old Mountain Rd, Rt into Hallmark Estates, Near End on LF S.R. No. _____

SUBDIVISION NAME Hallmark Estates LOT NO. 14 SECTION OR BLOCK NO. _____

House [ ] Mobile Home [✓] Business [ ] Other Doublewide

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

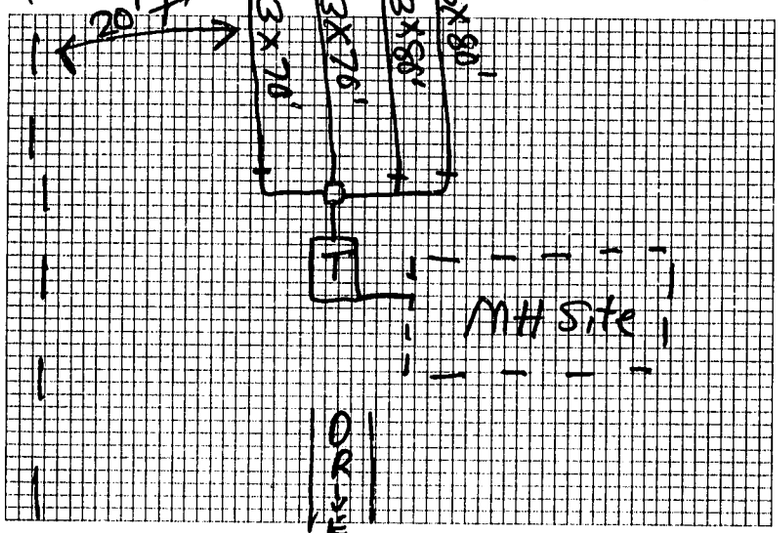
Garbage Disposal Unit Yes [ ] No [✓] Application Rate .4 gpd/ft

Auto. Dishwasher Yes [ ] No [ ] Topography 2-6%

Auto. Wash. Machine Yes [ ] No [ ] Depth to Water Table 18'+

Lot Area 100' x 228' Rock or other impervious formations none noted

1 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 4

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 TSB

COMMENTS _____

CERTIFICATE OF COMPLETION BY Keith Speece 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