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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Willie Miller DATE 2-25-93 PERMIT NO. 8N-A-23

PHONE: Business _____ Home _____

LOCATION N.C. 90 W, TL Lippard Farm Rd. TR Massey Deal Rd. TR ≈ .7 mile onto Private Road (Dirt), Last HSE on R. S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other Addition Added

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ≈ 1 acre

Soil Characteristics PS

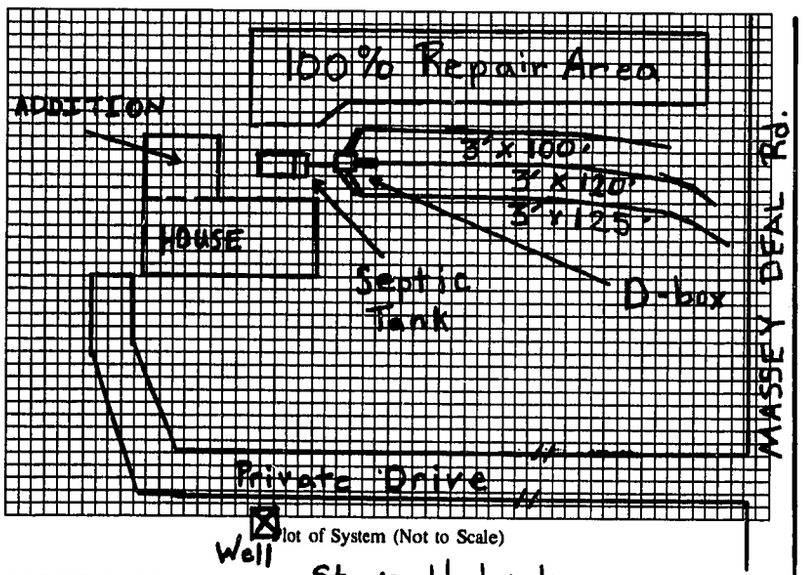
Application Rate 0.35 gpd/ft.²

Topography 4-6% L

Depth to Water Table >4'

Rock or other impervious formations NA

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



Plot of System (Not to Scale)

Size of Tank 1000 (10-2-92) Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345'

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Forest Shuford

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 100% Repair Area Conventional system gravity fed.

CERTIFICATE OF COMPLETION BY Michael R. Dennis / STEVE HEDRICK DATE 2-25-93

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