15749

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Harl H. Brown DATE 4-14-93 PERMIT NO. 3L-3-A-2

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd. Past Pineville Rd. TL 1st private Rd 1st Lot on L S.R. No. _____

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

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 3 23,000 sq ft.

Soil Characteristics P.S. Clay

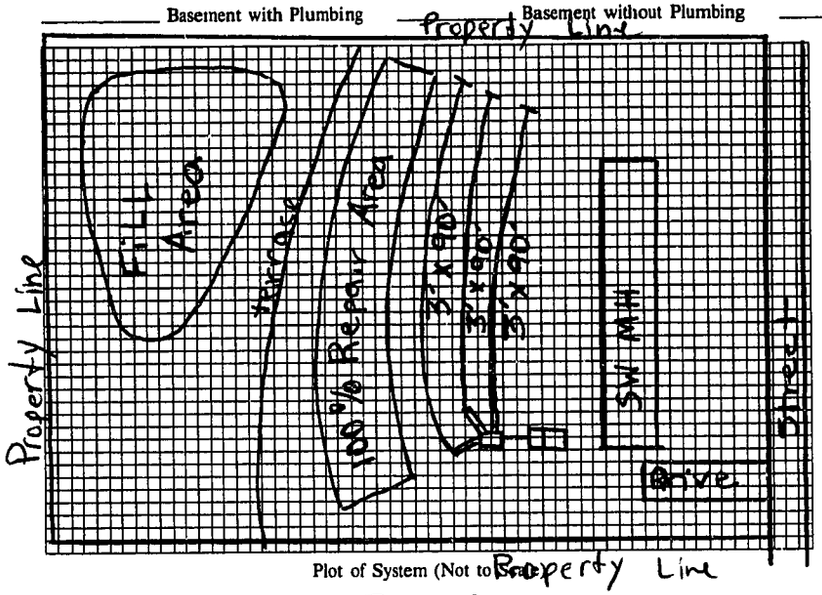
Application Rate .4 gpd/Ft²

Topography 2-7 10 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 - 1-14-93 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 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 J.C. Moore

COMMENTS Keep well min. 50' from septic system, 100% Repair, Conventional, gravity fed. Fed all drain line equal. System went in different than permitted because land owner altered landscape.

CERTIFICATE OF COMPLETION BY Michael J. Dennis DATE 4-14-93

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