IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR BETTY BALL DATE 3-2-92 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd. west past Eufola Rd. - T.L. on Pinaville Rd. - corner mobile home on left.

SUBDIVISION NAME _____ S.R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☑ BEAUTY SHOP ADDITION TO INSIDE OF EXISTING DWELLING. Other _____

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash Machine Yes ☐ No ☐

Lot Area Ample.

Soil Characteristics Prop. Systable.

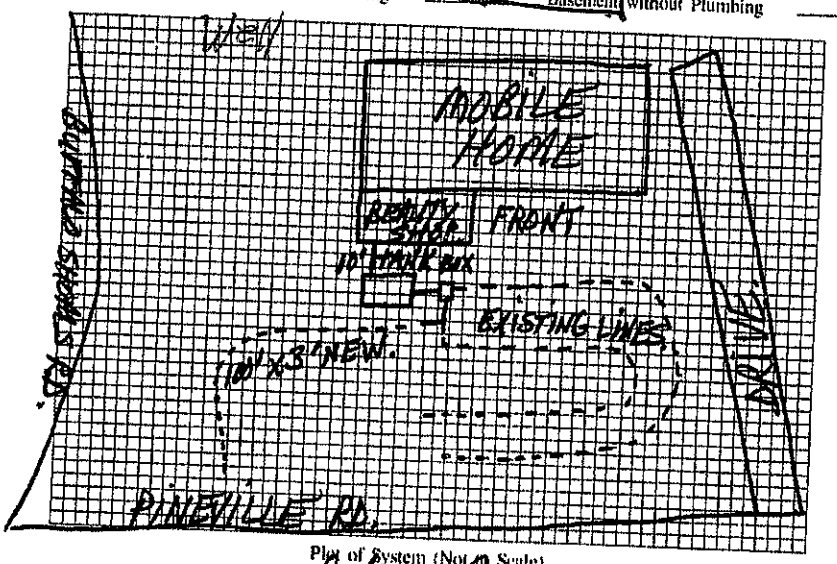
Application Rate .4 gal./sq. ft.

Topography 2-6%

Depth to Water Table 18"+

Rock or other impervious formations none observed.

_____ Basement with Plumbing 12' 32' Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank EXISTING. Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 300 Linear Ft. 100

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 New drain line tied into old drainline with a tee + solid earth dam.

CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY _____ DATE 3-2-92.

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

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

Location of the proposed ACCESSORY BUILDING addition does not appear to impact the existing on-site septic system.**NOTE:

R. STEVE HEDRICK REHS

Date: OCTOBER 24, 2012

ICHD-Environmental Health Division

IREDELL COUNTY HEALTH DEPARTMENT

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OWNER OR CONTRACTOR BETTY BALL DATE 3-2-92 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd. west past Eufola Rd. - T.L. on Pinesville Rd. - corner mobile home on left.

SUBDIVISION NAME _____ S.R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☐ Business ☒ BEAUTY SHOP ADDITION TO INSIDE OF EXISTING DWELLING. Other _____

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash Machine Yes ☐ No ☐

Lot Area Ample.

Soil Characteristics Prev. Suitable.

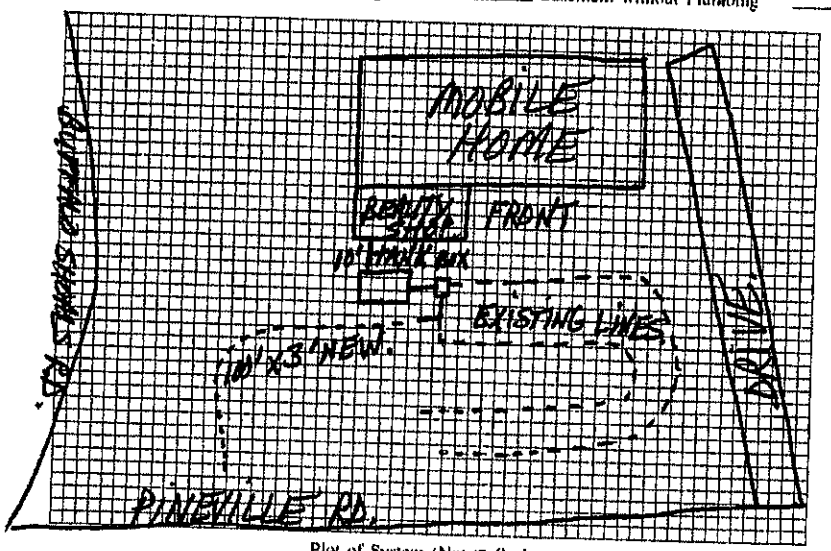
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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold