Larry Ballard 43559

14758.

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR SUNWOOD BUILDERS DATE 8-5-92. PERMIT NO. 8K-10-A-15.

PHONE: Business _____ Home _____

LOCATION old Mtn. Rd. north of Kyles Xing - go approx. 1.5 miles on left. - Enter dev. near the end on left. S.R. No. _____

SUBDIVISION NAME WARREN ESTATES. LOT NO. 15. SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

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

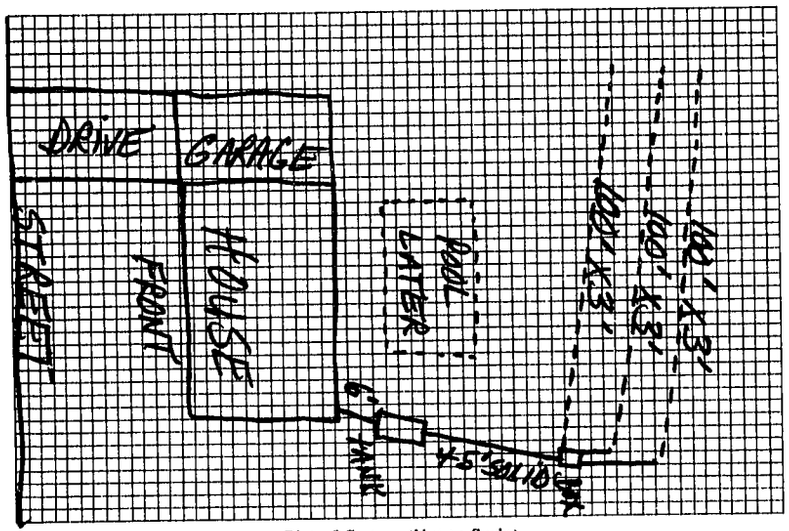
Garbage Disposal Unit Yes ☐ No ☑ Application Rate .4 gal./sq. ft.

Auto. Dishwasher Yes ☑ No ☐ Topography 2-6%

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table 10+

Lot Area 130' x 321' 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 Tommy Frye

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 8-5-92.

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