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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Conley Warren DATE 5-25-93 PERMIT NO. Pt. of 8K-A-15

PHONE: Business _____ Home _____

LOCATION I40W Tl Old Mtn. Rd. Tl Bethlehem Rd. Lot approx 1 mile 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 2.052 acres

Soil Characteristics P.S. Saprolite Reclassified (Joe Lynn)

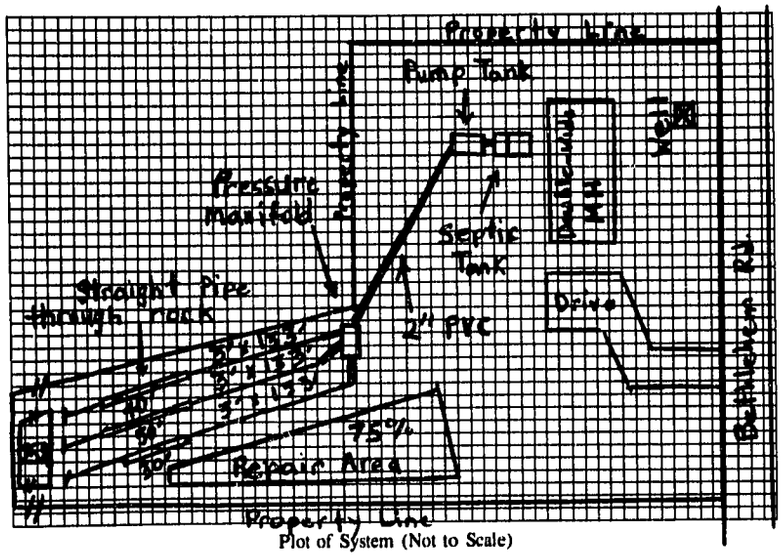
Application Rate .30 gpd/ft²

Topography 2-4 % L

Depth to Water Table >4'

Rock or other impervious formations Straight Pipe thru Rock.

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



Plot of System (Not to Scale)

Size of Tank 1000 (4-25-93) Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1200' Linear Ft. 400'

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Well

Public ☐

Pump Tank 1000 gal. (4-14-93)

Installed by A+ 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 Michael J. Dennis

COMMENTS 100% Repair Area below and at end of system. Conventional, gravity fed. Check Pressure manifold from time to time for correct pressure head. (2').

CERTIFICATE OF COMPLETION BY Michael J. Dennis DATE 5-26-93

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