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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Willard Auton DATE 4-14-93 PERMIT NO. BT-3-A-9

PHONE: Business _____ Home _____

LOCATION I40W TR Stamey Farm Rd. TL 1006 TR 1512 TL Delaware Rd. Lot on Rt. past Westridge Dr. S.R. No. _____

SUBDIVISION NAME WestRidge LOT NO. 9 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ≈.5 acre

Soil Characteristics P.S. Clay

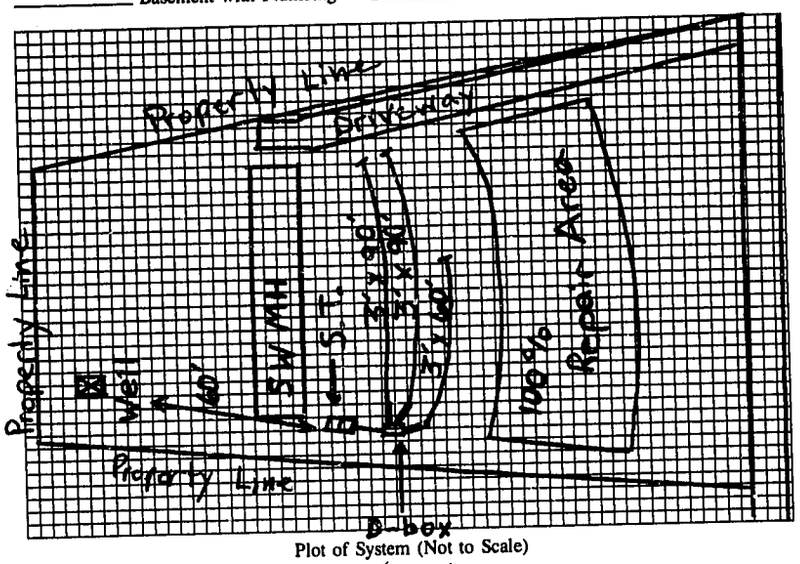
Application Rate .35 gpd/ft²

Topography 3-5% 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 (1-22-93) Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240'

Depth of Stone in Lines 12"

Water Supply: Individual ☑ well

Public ☐

Installed by James Hudler

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 system, Conventional, gravity fed.

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

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