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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR WILLIAM BLEVINS DATE 2-21-92. PERMIT NO. 3D-A-10.

PHONE: Business _____ Home _____

LOCATION East Monbo Rd. off Old Mtn. Rd. - go approx. four miles to T.P. on St. John Rd. (across from Bethel Bapt. Church) - go 1/8 mi. on left - back off rd. S.R. No. _____

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

House ☐ ~~Mobile Home~~ MODULAR 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 11 acres.

Soil Characteristics Prev. Suitable.

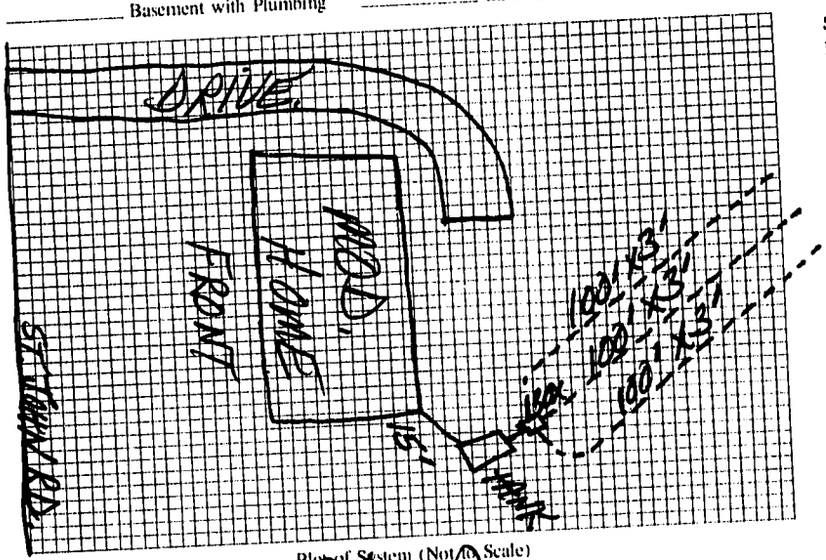
Application Rate .6 gal./sq. ft.

Topography 2-6%

Depth to Water Table 5'+

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 ☐

IMPROVEMENT PERMIT BY Steve Brown

COMMENTS Well not installed yet.

Installed by Charlie Bryce

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.)

CERTIFICATE OF COMPLETION BY Steve Brown DATE 2-21-92.

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