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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Anthony Day DATE 5-4-93 PERMIT NO. 30-B-1/2

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd Th at Paradise Acres Rest Home. Lot 300' from end of Rd. on L. S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 1.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Ample

Soil Characteristics P.S. Clay

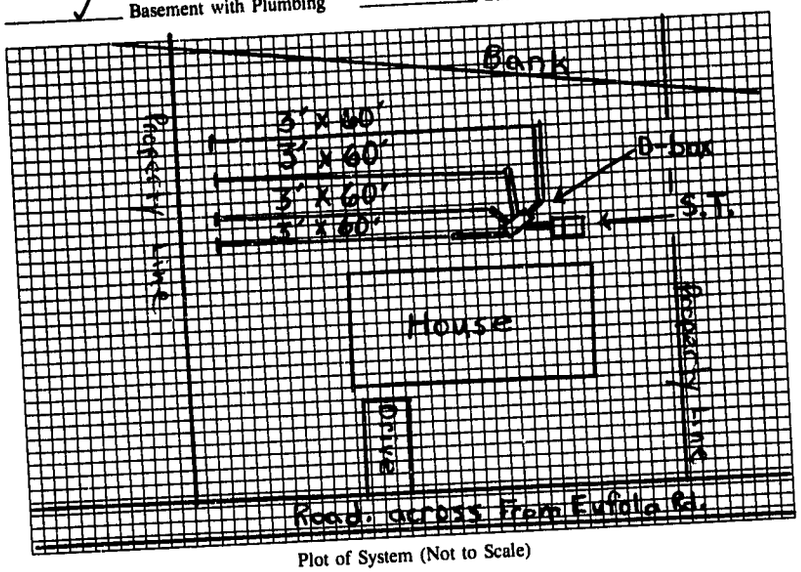
Application Rate .5 gpd/ft²

Topography 2-6 %

Depth to Water Table 24"

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 (3-8-93) Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 720 Linear Ft. 240'

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Larry Powell

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 Fed upper line first, fed bottom three lines equal, last. 100% Repair not designated on Improvements Permit issued by Steve Brown on 7-31-91.

CERTIFICATE OF COMPLETION BY Michael X. Dennis DATE 5-4-93

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