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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR David Byers DATE 7-16-92 PERMIT NO. Ptof 6C-A-9

PHONE: Business _____ Home _____

LOCATION Buffalo Shoales Rd West approx 1 mi before Kyles X Rds on left. S.R. No. _____

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

House [✓] Mobile Home [ ] Business [ ] Other _____

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes [ ] No [✓]

Auto. Dishwasher Yes [ ] No [ ]

Auto. Wash. Machine Yes [✓] No [ ]

Lot Area approx 3 acres

Soil Characteristics Prov. suitable

Application Rate .4

Topography 2 to 6%

Depth to Water Table 10'+

Rock or other impervious formations none

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

Size of Tank 1000 Gals.

Nitrification Field:

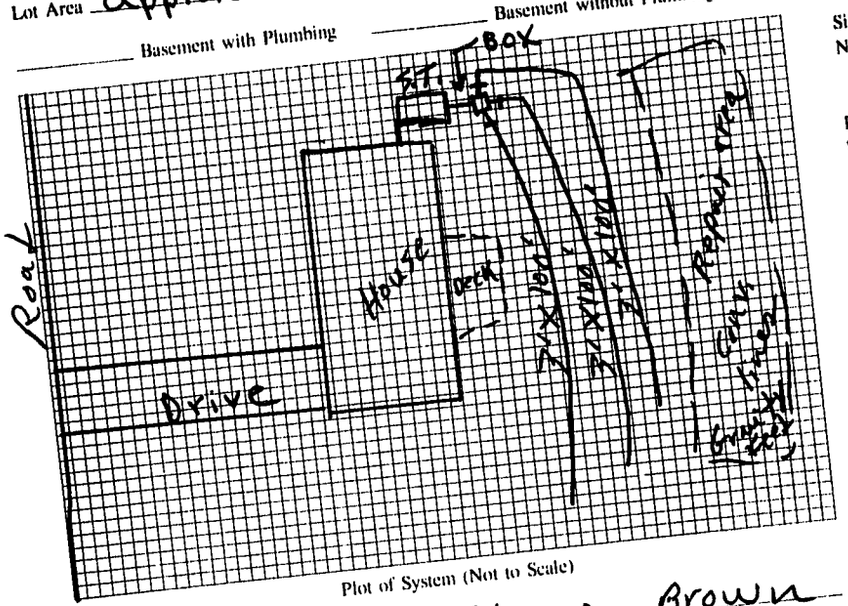
No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual [✓]

Public [ ]



Plot of System (Not to Scale)

Installed by James Hutler

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 Locate well at least 50' from S.T. System

DATE 7-16-92

CERTIFICATE OF COMPLETION BY R. C. Moore DATE _____

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