CITY REG. # 071089 **IREDELL COUNTY HEALTH DEPARTMENT**

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR JOEY JENKINS KATHRYN BAYNES DATE 5/3/93 PERMIT NO. 8L-A-18

PHONE: Business _____ Home _____

LOCATION ISLAND FORD ROAD WEST of NC 90 ~ 1.0 MILE AT BOX # 128 ON (R) S.R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes [ ] No [✓]

Auto. Dishwasher Yes [✓] No [ ]

Auto. Wash. Machine Yes [✓] No [ ]

Lot Area 300'X160'

Soil Characteristics PS

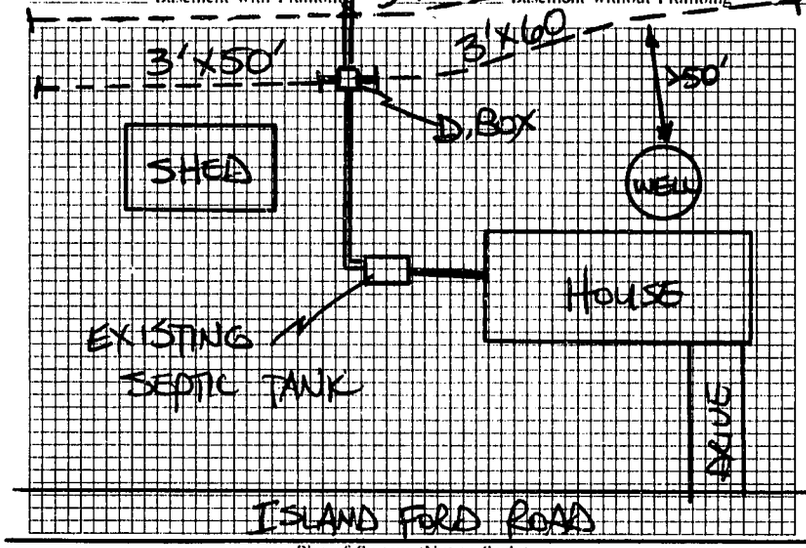
Application Rate 0.401 GPD/FT²

Topography 4-6% LINEAR

Depth to Water Table >4'

Rock or other impervious formations NONE

_____ Basement with Plumbing 3'X150' Basement without Plumbing _____ No Basement _____ Crawl Space ✓



Plot of System (Not to Scale)

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 780 Linear Ft. 260

Depth of Stone in Lines 12"

Water Supply: Individual [✓] WELL

Public [ ]

Installed by JAMES HUSKER

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 HEDRICK

COMMENTS

① SEPTIC TANK PUMPED-OUT ② NEW SANITARY 'TEE' INSTALLED ③ OLD DRAIN LINES ABANDONED ④ NEW D.BOX AND LINES INSTALLED AS SHOWN.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 5/3/93

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