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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR HERITAGE BLDG. CO. DATE 5/4/93 PERMIT NO. 93-13-A-17

PHONE: Business _____ Home _____

LOCATION NC 90W, TR MONTICELLO DRIVE, TL MILLER FARM ROAD, TL BEECH BROOK LANE, 17TH LOT ON (R) ~0.3 MILE S.R. No. _____

SUBDIVISION NAME PINEY OAKS LOT NO. 17 SECTION OR BLOCK NO. _____

House ☑ Mobile 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 AMPLE

Soil Characteristics PS

Application Rate 0.35 GPD/FT² LINEAR

Topography 4-6%

Depth to Water Table 34"

Rock or other Impervious formations NONE

_____ Basement with Plumbing REPAIR _____ Basement without Plumbing _____ No Basement ✓ Crawl Space

DELLINGER 3/29/93

Size of Tank 1000 Gals.

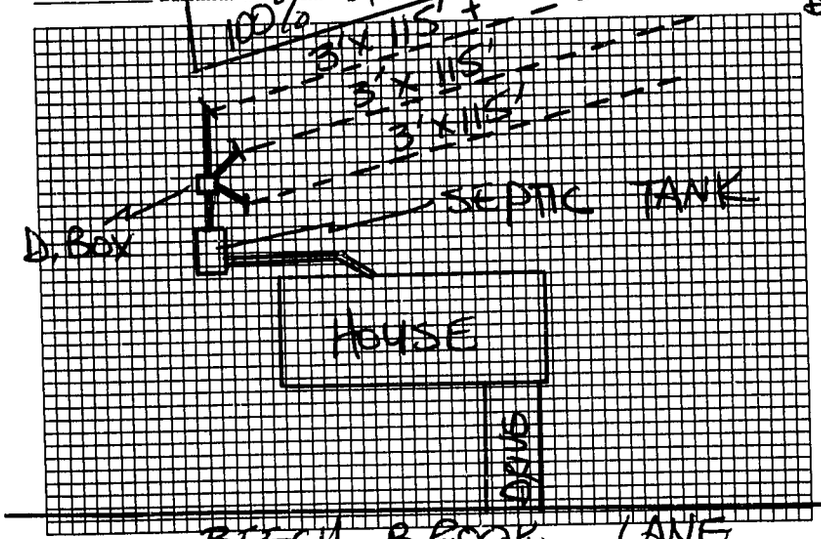
Nitrification Field:

No. of Lines 3

Sq. Ft. 1035+ Linear Ft. 345+

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑



Plot of System (Not to Scale)

BEECH BROOK LANE

Installed by WES LYTTON

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 REPAIR AREA IS 100%. CONVENTIONAL, GRAVITY - FSA

CERTIFICATE OF COMPLETION BY STEVE HEDRICK 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