13762.   42597

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR VERNON WAUGH JR.   DATE 8-25-92.   PERMIT NO. 6C-B-79.

PHONE: Business ______ Home ______

LOCATION Wallace Springs Rd. south - T.R. into dev. across from Southview School - go 1/4 mi. on (L).   S.R. No. ______

SUBDIVISION NAME SOUTHVIEW ESTATES.   LOT NO. 11.   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 Prov.-Suitable.

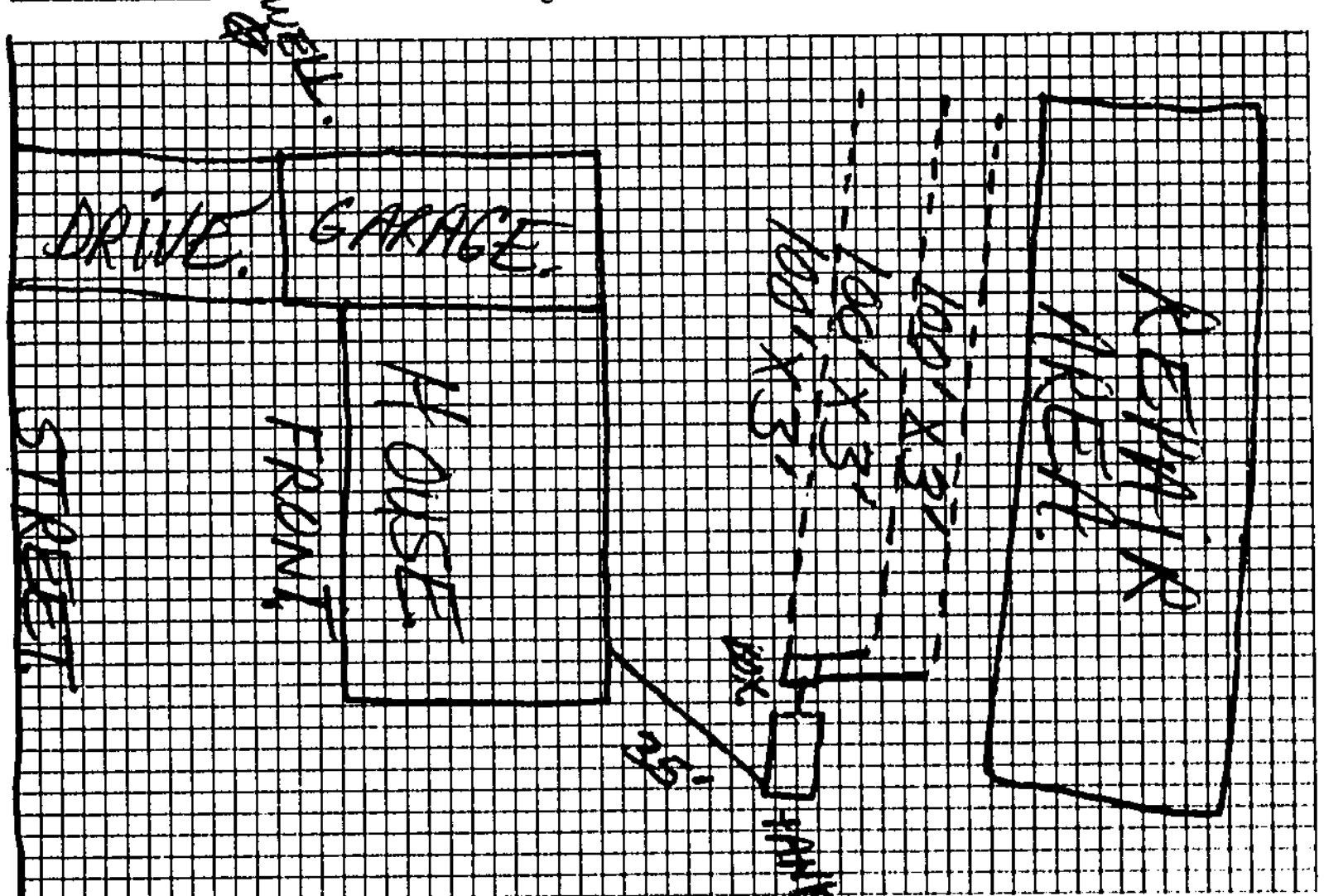
Application Rate .4 gal./sq. ft.

Topography 2-6%

Depth to Water Table 10'+

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: 3

No. of Lines 3

Sq. Ft. 900   Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑   Public ☐

Installed by Kerry Pearson

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 Repair area to be gravity fed and of the conventional type system.

CERTIFICATE OF COMPLETION BY Steve Brown   DATE 8-25-92.

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