13615.

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR CARY + CAROL SCOTT DATE 2-4-92. PERMIT NO. 6C-B-84.

PHONE: Business _____ Home _____

LOCATION Wallace Springs Rd. south-T.R. on Woodfield Rd. 6 acres from Southview School. go approx. 500' on R. S.R. No. _____

SUBDIVISION NAME SOUTHVIEW ESTATES. LOT NO. 6. SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics Prov. Suitable.

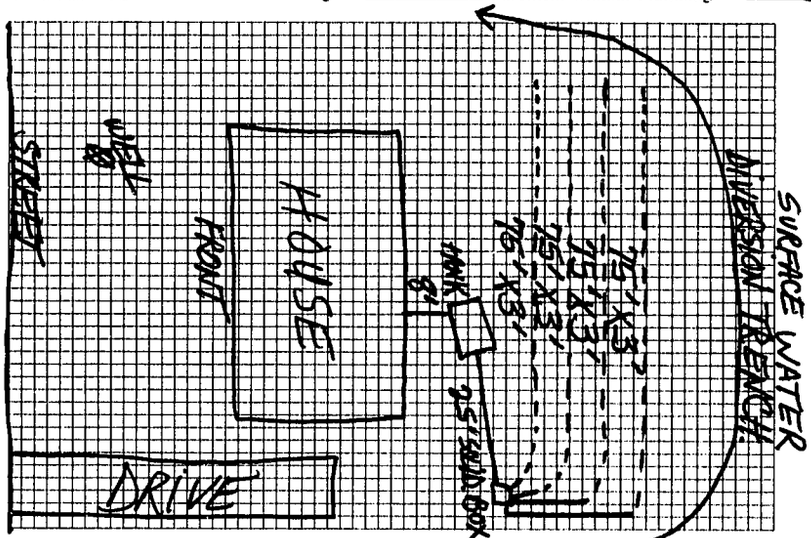
Garbage Disposal Unit Yes [ ] No [✓] Application Rate .4 gal./sq. ft.

Auto. Dishwasher Yes [✓] No [ ] Topography 2-6%

Auto. Wash Machine Yes [✓] No [ ] Depth to Water Table 10'+

Lot Area Ample. 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:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual [✓]

Public [ ]

Installed by Harry Reep

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 _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 2-4-92.

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