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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR BEZANSON ASSOC. DATE 7-24-92. PERMIT NO. 4F-A-2.

PHONE: Business _____ Home _____

LOCATION Hwy 215 below Troutman-T.R. on Barkdale Rd.-T.L. on 1st st. go 100 yards on (R). S.R. No. _____

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

House ☐ Mobile Home ☐ Business ☑ Other INDUSTRIAL SALES. SEPTIC TANK SYSTEM DESIGNED FOR 3 EMPLOYEES.

No. Bedrooms — No. Bathrooms —

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 10'7

Rock or other impervious formations None observed.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement 1000 Crawl Space

Size of Tank 1000 Gals.

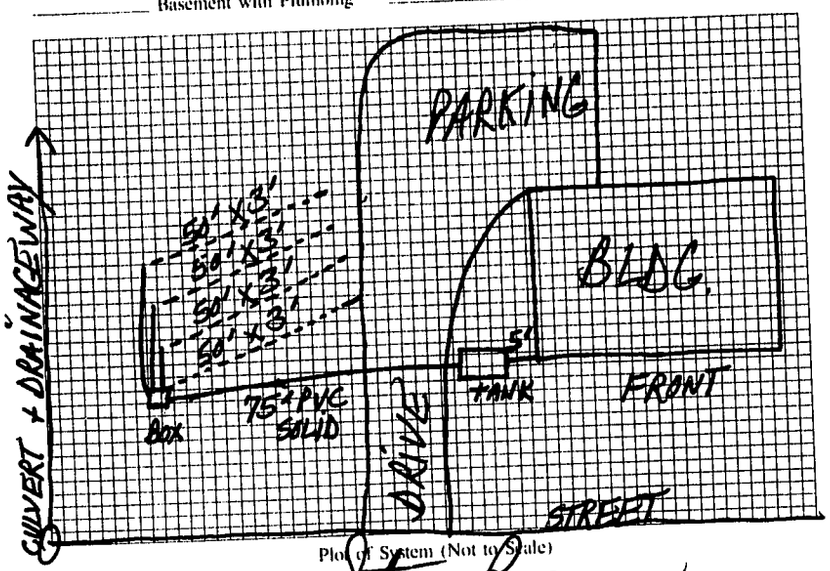
Nitrification Field: 4

No. of Lines 4

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐



Plot of System (Not to Scale)

Installed by P.S. WEST

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 7-24-92.

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