4750-88-4828

14284

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Crown Ventures Inc. DATE 4/8/92 PERMIT NO. 46-4-A-5

PHONE: Business 845-8824 Home

LOCATION Owencash Rd.

S.R. No.

SUBDIVISION NAME Pheasant Run LOT NO. 5 SECTION OR BLOCK NO. 1

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 20,000 Ft²

Soil Characteristics P

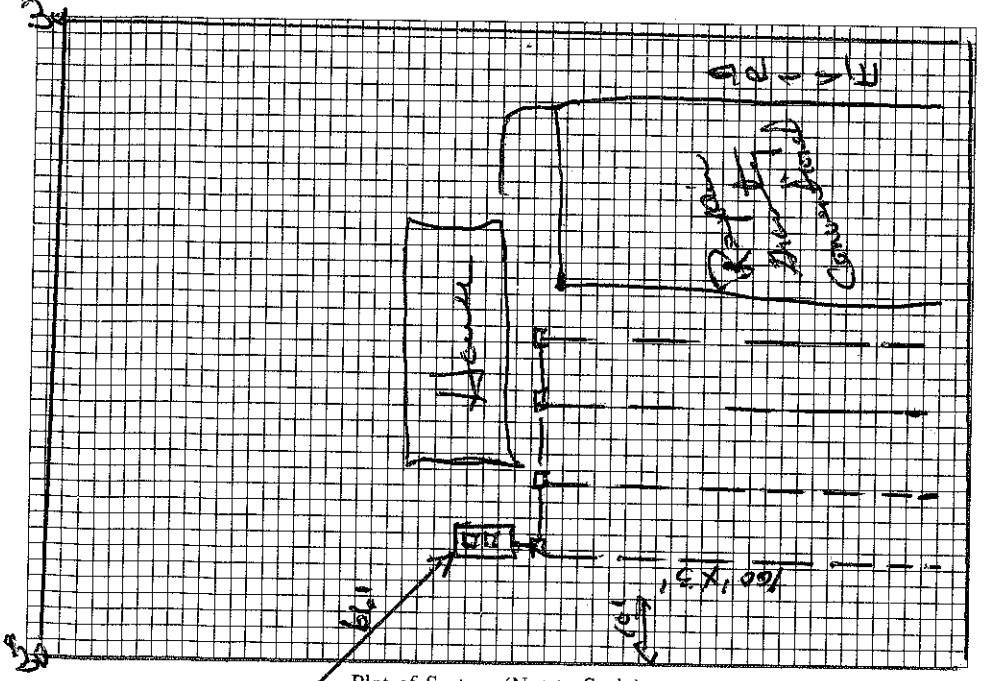
Application Rate P .3

Topography 2to

Depth to Water Table >48"

Rock or other impervious formations None encountered

____ 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 @ 100 4/31

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NONE DRILLED

Public ☐

Installed by Rowan Septic Tank

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 AWS

COMMENTS: 3 Don't drive or park over drainfield area.
No well drilled yet.

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 4/8/92

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