4750-97-3938

15260

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR CROWN VENTURE DATE 10/~~29~~/92 PERMIT NO. 4G4A15

PHONE: Business 845-8824 Home _____

LOCATION 1001 TR 2378, ON RT BEFORE 2379

S.R. No. 2378

SUBDIVISION NAME PHEASANT RUN LOT NO. 15 SECTION OR BLOCK NO. _____

House ☑ (MODULAR) 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 SQ'

Soil Characteristics P-5 1/C

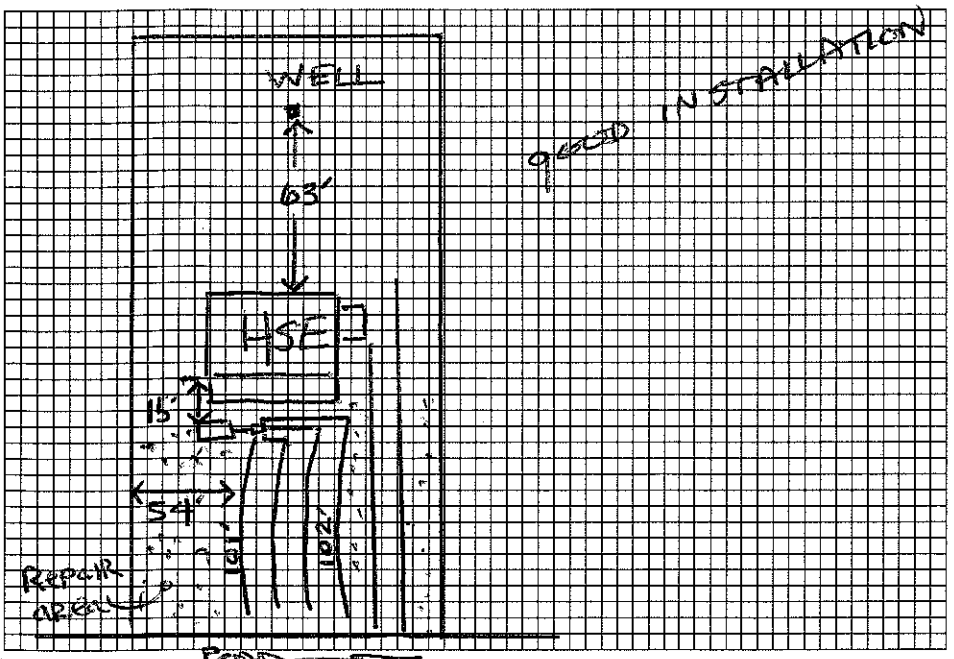
Application Rate P-0.3 (SF, SP, S)

Topography D-3%

Depth to Water Table S->48"

Rock or other impervious formations S-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. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by COTHEREN/TAYLORSVILLE

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 DO NOT INSTALL DURING WET SOIL CONDITIONS
MAXIMUM DITCH DEPTH OF 36" (BOTTOM OF DITCH)
LINES ON SLOPE CONTOURS AS SHOWN HERE

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 10/30/92

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