Keri Johnson

203198

4750-97-3938

15260

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Crown Ventures DATE 10/29/92 PERMIT NO. 4G4A15

PHONE: Business 845-3824 Home

LOCATION 1001 TR 2378, ON Rt Before 2379

SUBDIVISION NAME Pheasant Run LOT NO. 15 SECTION OR BLOCK NO. S.R. No. 2378

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 - SL / C

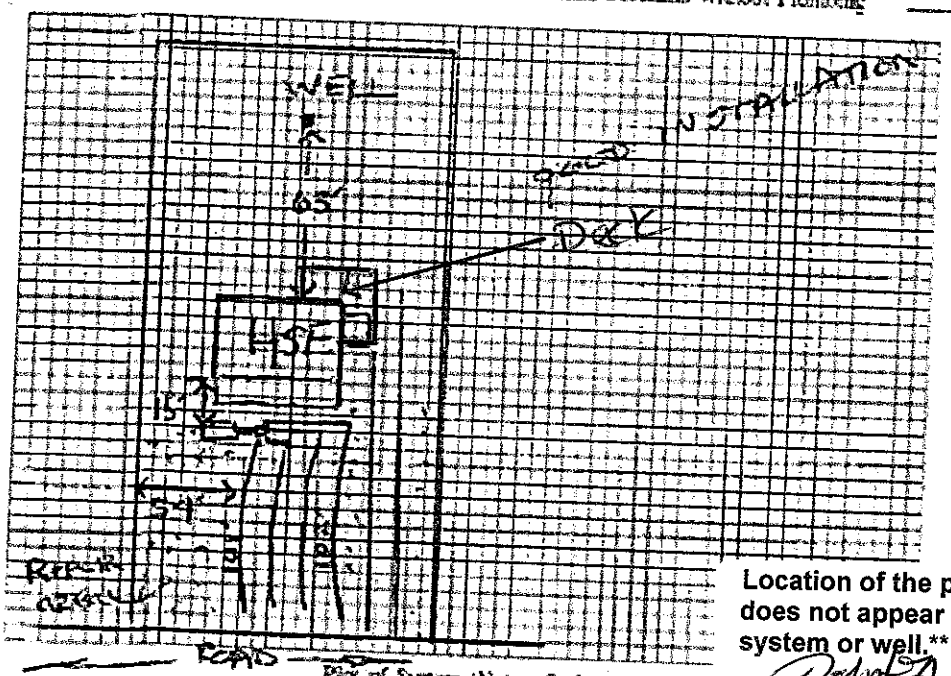
Application Rate P - 0.3 (SF, SP, S)

Topography P - 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 COTHERAN / TROUTSVILLE

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Location of the proposed 10'x 13' deck addition does not appear to impact the existing on-site septic system or well.**NOTE:

REHS Date: 05/09/14

ICHD-Environmental Health Division

IMPROVEMENT PERMIT BY Avis

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 R.S. 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