4750-97-4930

IREDELL COUNTY HEALTH DEPARTMENT

14625

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Crown Ventures Inc. DATE 6/17/92 PERMIT NO. 46-4-A-116

PHONE: Business 845-8824 Home

LOCATION Overcash Rd., to 2ND lot on (R) after turning off Weathers Creek Rd. S.R. No.

SUBDIVISION NAME Pheasant Run LOT NO. 14 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- C/SC

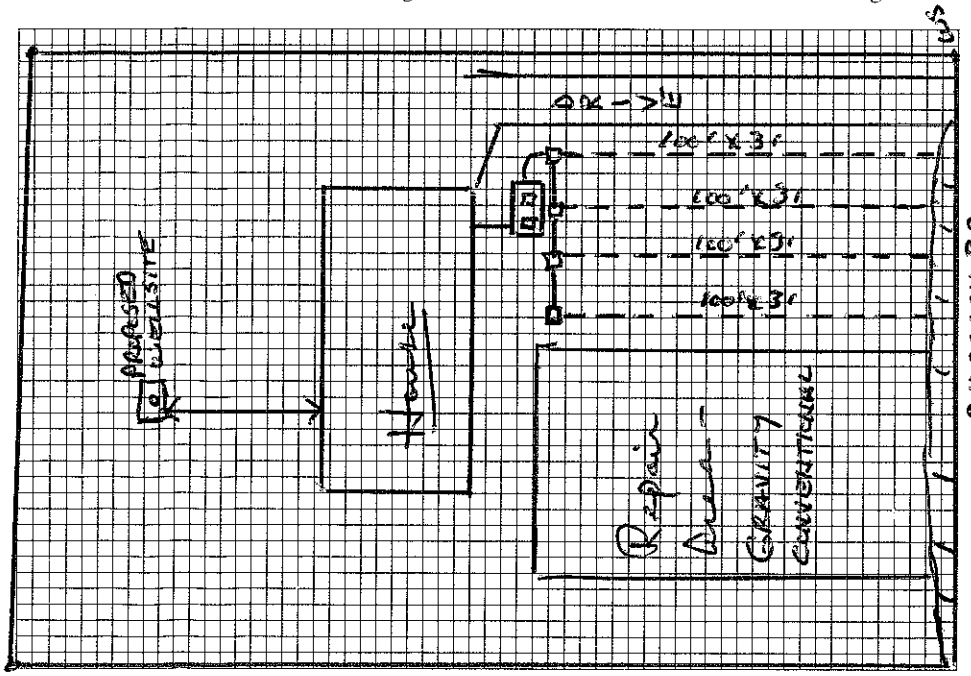
Application Rate P- .3 (S-SP-WK)

Topography P- 3%

Depth to Water Table P- 44" TRACE

Rock or other impervious formations P- <48" TO SAPROLITE

_____ 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' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ UNDER CONSTRUCTION

Public ☐

Installed by BCC - Columbus

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 _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS DATE 6/17/92

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