4750-97-6749

14285

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Crown Ventures DATE April 15, '92 PERMIT NO. 464A18

PHONE: Business _____ Home _____

LOCATION 115-21 N. TR 1001 TR 2378 on left at jct w/ Weathers Crk Rd. S.R. No. _____

SUBDIVISION NAME Pheasant Run LOT NO. 18 SECTION OR BLOCK NO. _____

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 ps clay

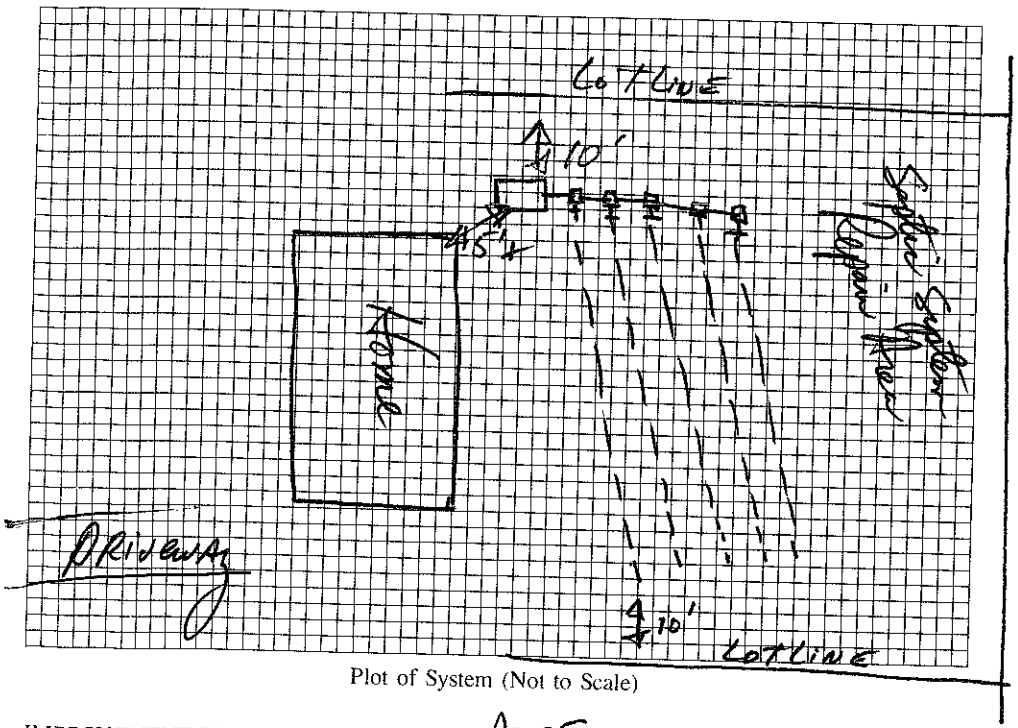
Application Rate .3

Topography 2-4%

Depth to Water Table >4'

Rock or other impervious formations None obs.

_____ 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 5

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Well not drilled yet

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 Locate well 50' minimum from all sources of pollution.

CERTIFICATE OF COMPLETION BY D R Hinson IRS. DATE 4/16/92

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