4750 98 7506

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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Crown Ventures Inc. (St John) DATE 10/1/92 PERMIT NO. 46-4-A-23

PHONE: Business 845-8824 Home

LOCATION Weathers Creek on (L) after Overcash Rd., 5th lot on (L)

S.R. No.

SUBDIVISION NAME Pheasant Run LOT NO. 23 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 ~1.71 AC.

Soil Characteristics P - C/C TRANS.

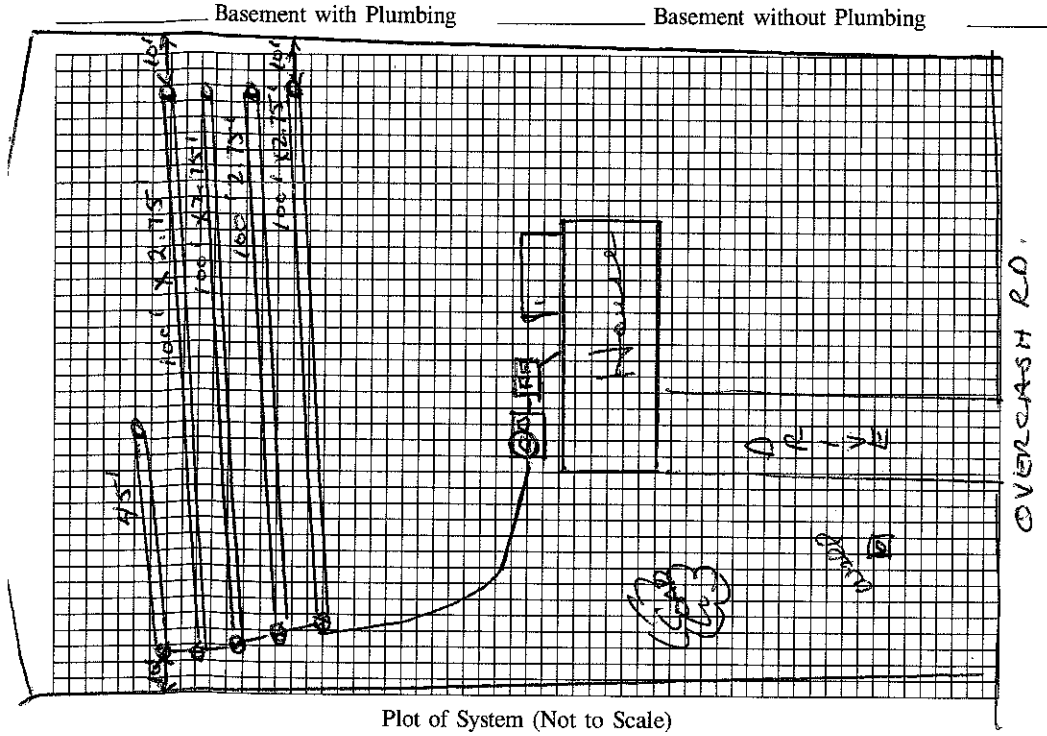
Application Rate P. 3

Topography P

Depth to Water Table 5

Rock or other impervious formations 5

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank AT 1000 / ST 1000 Gals.

Nitrification Field:

No. of Lines 5 LINES - AS SHOWN

Sq. Ft. 1200 Linear Ft. 445

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by COMPTON PLUMBING

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

*OPERATIONS PERMIT

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 10/9/92

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