15088

IREDELL COUNTY HEALTH DEPARTMENT 4750 98 8924

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Crown Ventures Inc. DATE 10/2/92 PERMIT NO. 96-4-A-24

PHONE: Business 845-8824 Home

LOCATION Weathers Creek Rd.

S.R. No.

SUBDIVISION NAME Pheasant Run LOT NO. 26 SECTION OR BLOCK NO. II.

McQUEEN
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 ~ 20,000FT2

Soil Characteristics P - C (wk, s, sp)

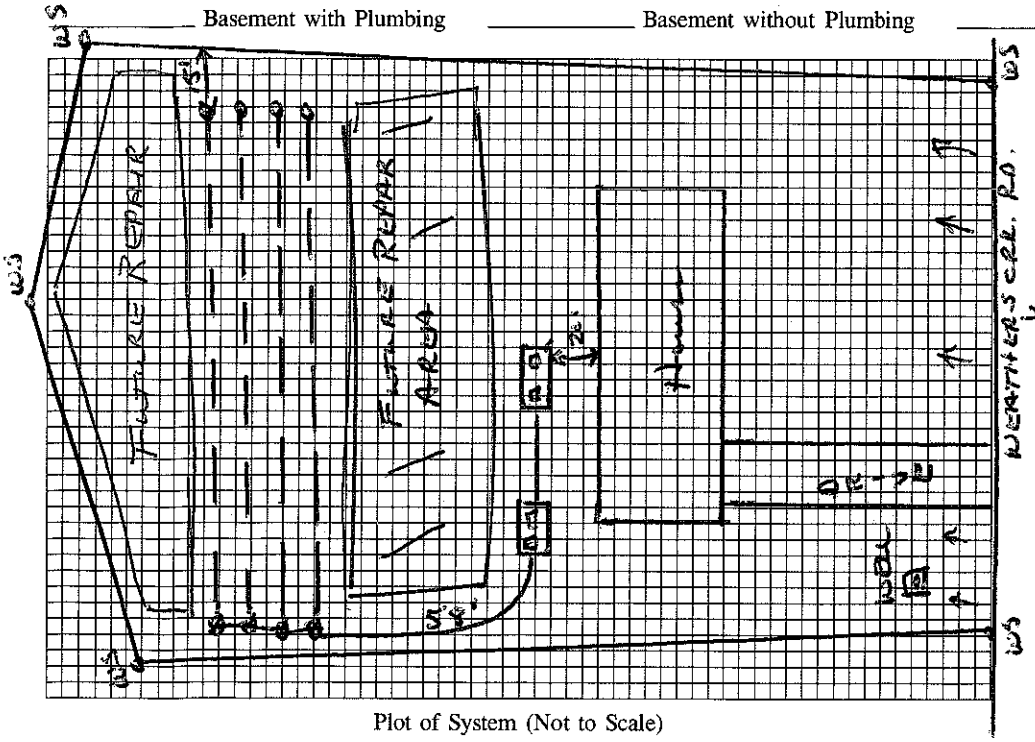
Application Rate P - .3 (

Topography P - 3-7% ↑

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 / 1028 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 ☑ Public ☐

* 2" PVC Pressure Conventional Drainfield

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

COMMENTS

* OPERATIONS PERMIT

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 10/14/92

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