4950-99-8098

15500

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Crown Ventures DATE 1/29/93 PERMIT NO. 46-4-A-27

PHONE: Business 845-8824 Home

LOCATION NEATHERS CRK. RD.

S.R. No.

SUBDIVISION NAME Pheasant Run LOT NO. 27 SECTION OR BLOCK NO. II

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 / C TRANS.

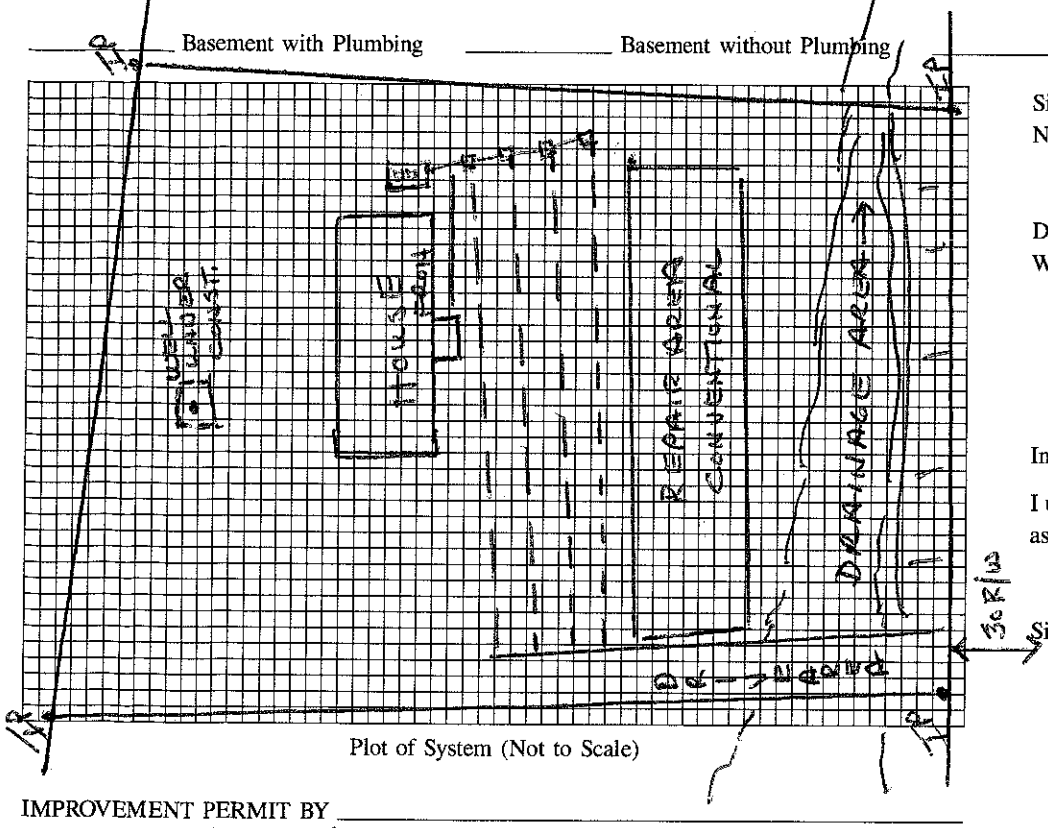
Application Rate P - .25-.3 (5, 5A, WKSBR)

Topography P - 8%

Depth to Water Table 5 >48"

Rock or other impervious formations 5 - 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 @ 100'x3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ UNDER CONST.

Public ☐

Installed by Wayne Ellen

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 Keep driveway off drainfield area. Well under construction when this completed.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 1/29/93

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