14700.

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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR ROGER PLYLER DATE 6-25-92. PERMIT NO. SD-A-17.

PHONE: Business _____ Home _____

LOCATION Hwy 70 E - T.R. on Shiloh Church Rd. - go 2.4 miles & T.R. on dirt drive - Rd - white home on left. S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2 Soil Characteristics Clayey - Class IV A

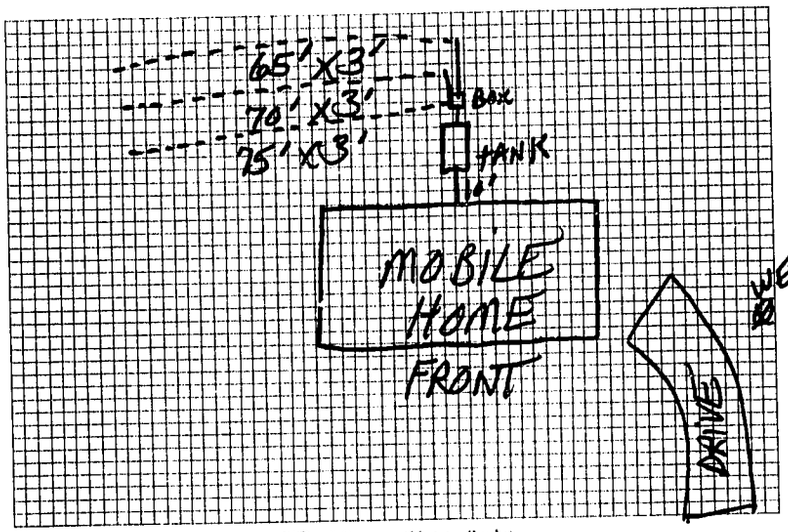
Garbage Disposal Unit Yes ☐ No ☐ Application Rate .4 gal/sq. ft.

Auto. Dishwasher Yes ☐ No ☐ Topography 2 - 8%

Auto. Wash. Machine Yes ☐ No ☐ Depth to Water Table 10' +

Lot Area 88 acres. Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space



Plan of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 630 Linear Ft. 210

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by A-1 Backhoe Ser.

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 J.C. Moore

COMMENTS _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-25-92.

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