15610

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Terry M. Comer DATE 1/4/93 PERMIT NO. 4J-A-89

PHONE: Business _____ Home 663-0453

LOCATION Shinnville Rd; approx 1 mile past store on (R) in field

SUBDIVISION NAME Crestview S.R. No. _____

LOT NO. 5 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ D/W Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 8.38 Ac

Soil Characteristics P C

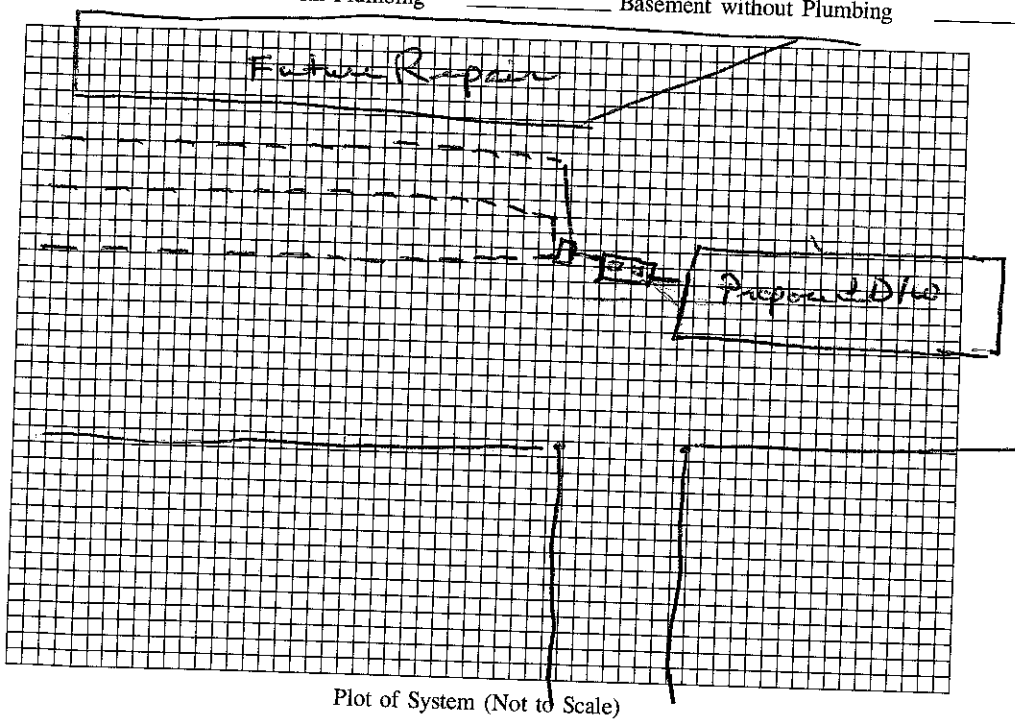
Application Rate P - .3 - .35 (SBk, SP, SA)

Topography P - 30%

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 1:00 Gals.

Nitrification Field:

No. of Lines 3 @ 115' x 3'

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Not in yet.

Public well ☐

Installed by Orbison

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 Trailer not on site.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS DATE 1/4/93

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