15420

IREDELL COUNTY HEALTH DEPARTMENT

plat # 4752, 85, 5610

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Wm. Dean Freeze DATE 2/11/93 PERMIT NO. 4J 1A 12

PHONE: Business _____ Home 663-2465

LOCATION Shinnville Rd, appx 1 mile past creek on (R) & appx 500' from road S.R. No. _____

SUBDIVISION NAME Crestview LOT NO. 12 SECTION OR BLOCK NO. _____

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 ~ 6.5 AC

Soil Characteristics P - c l / c TRANS.

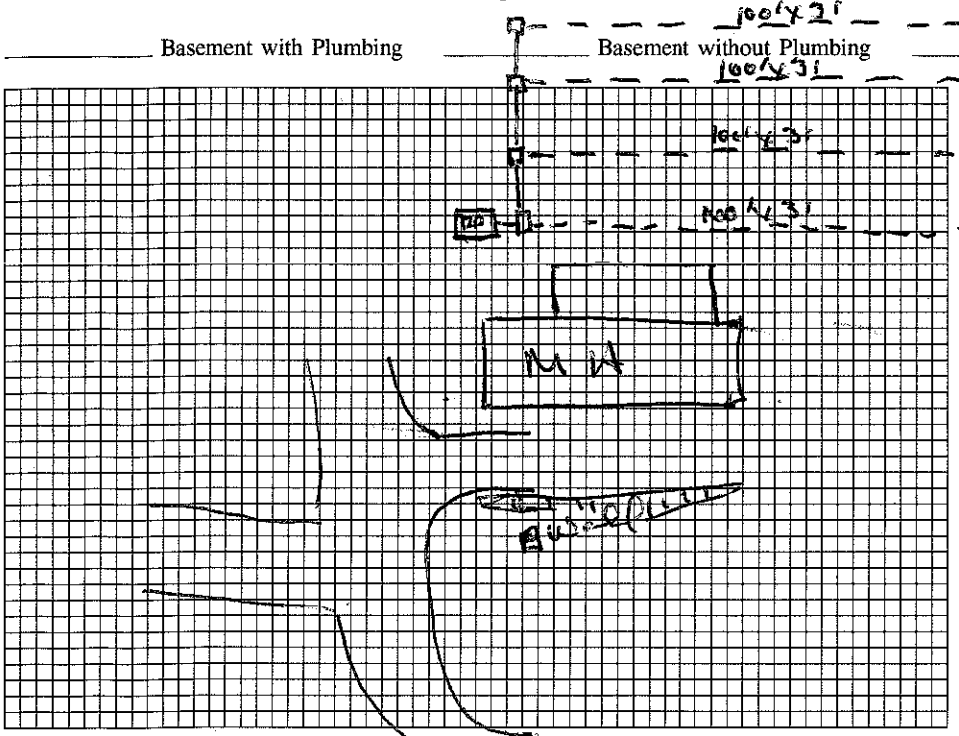
Application Rate P. .25 - .3 (ap. 44, wk)

Topography P - 3-6% Rolling

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'x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED YET

Public ☐

Installed by Tommy Culbertson

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 TWS

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 2/11/93

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