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# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR T&T Inc. DATE 5-21-93 PERMIT NO. 5K-7-A-238

PHONE: Business _____ Home _____

LOCATION Forest Acres V Lot 238

S.R. No. _____

SUBDIVISION NAME Forest Acres V LOT NO. 238 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 .4361 acres

Soil Characteristics P.S. Clay

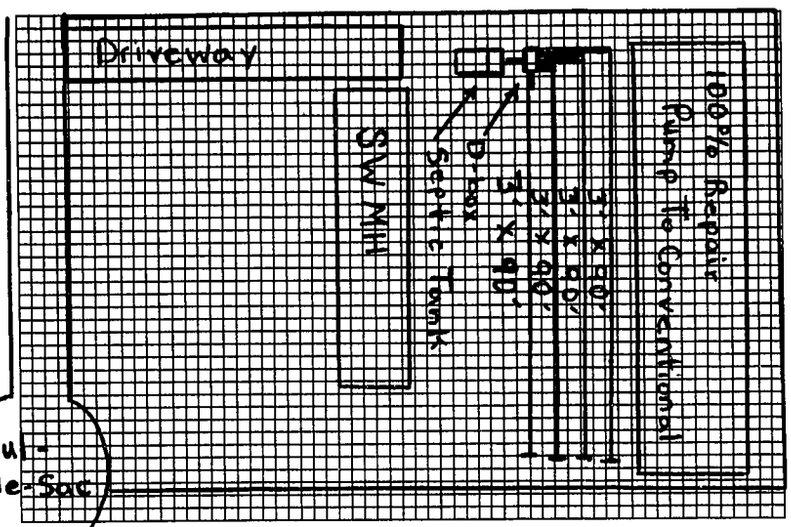
Application Rate .32 gpd/ft²

Topography 2-6%

Depth to Water Table >4'

Rock or other impervious formations NA

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




Plot of System (Not to Scale)

Size of Tank 1000 (4-18-93) Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1080 Linear Ft. 360

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by Donald Lackey

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 100% Repair Area above system, Pump to Conventional. System put in deeper than 36" to bottom of trench, Contractor followed directions on initial permit. (5-10-93)

CERTIFICATE OF COMPLETION BY Michael J. Dennis DATE _____

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