city

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Ellen Jo Brown DATE 7-21-92 PERMIT NO. 557B18

PHONE: Business _____ Home _____

LOCATION 429 westchester S.R. No. _____

SUBDIVISION NAME Shannon Acres LOT NO. 202 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other Adding study which was over Portion of Drainfield Therfore It Was cut off + replaced as shown

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics Clayey

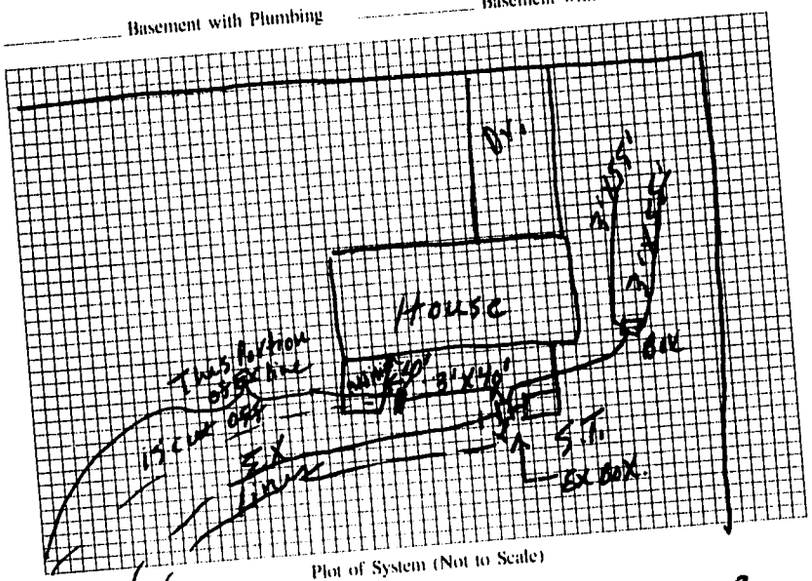
Garbage Disposal Unit Yes ☐ No ☐ Application Rate .3

Auto. Dishwasher Yes ☐ No ☐ Topography 2+6 7o

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

Lot Area _____ Rock or other impervious formations None

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



Plot of System (Not to Scale)

Size of Tank Ex. Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 330 Linear Ft. 110

Depth of Stone in Lines 12 11/2

Water Supply: Individual ☑ Public ☐

Installed by Kenny Pearson

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 J. C. moore DATE 7-21-92

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