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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Michael R. Turgeon DATE 2-14-92 PERMIT NO. 5PA91

PHONE: Business _____ Home _____

LOCATION Hyw [redacted] 70 E TL Elmwood Rd 1.3 mi TR Private Road 1/2 mi back off Rd on left. S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ 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 1 acre + 1/2 acre easement

Soil Characteristics Clayey

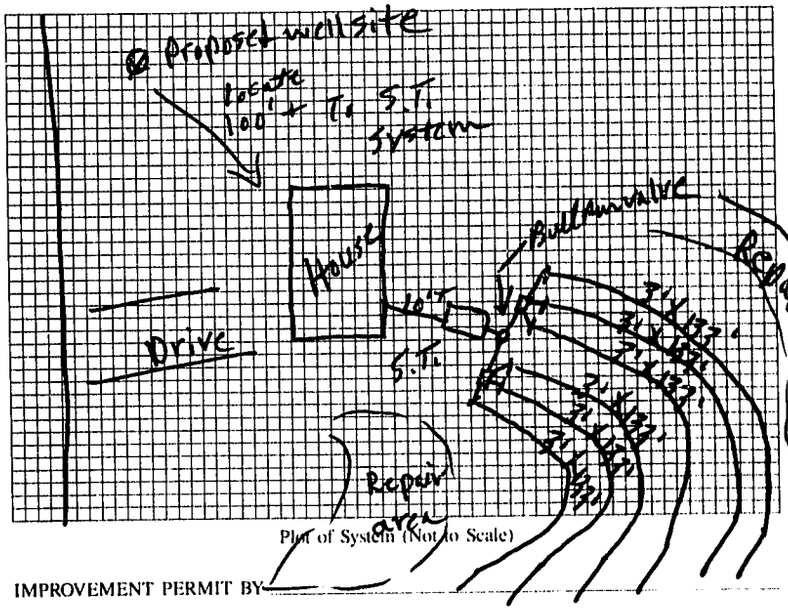
Application Rate .2 gal/sq. ft/day

Topography 2 to 6%

Depth to Water Table 10'+

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 1000 Gals.

Nitrification Field:

No. of Lines 6

Sq. Ft. 2400 Linear Ft. 800

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

well not located at time of insp.

Installed by Ferguson Plumbing Heating & S.T. Serv. Statesville N.C.

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 _____ P.C. Moore

COMMENTS Switch valve approx. every 6 months

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 2-14-92

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