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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15245

OWNER OR CONTRACTOR JOHN N. CRAWFORD DATE 11/10/92 PERMIT NO. PART OF 15P-A-21

PHONE: Business _____ Home _____

LOCATION NC 115 N, TR ZEB ROAD (SR 1800), 1ST DRIVE ON (R) PAST McCARTER ROAD (SR 1801) S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ 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 3 ACRES

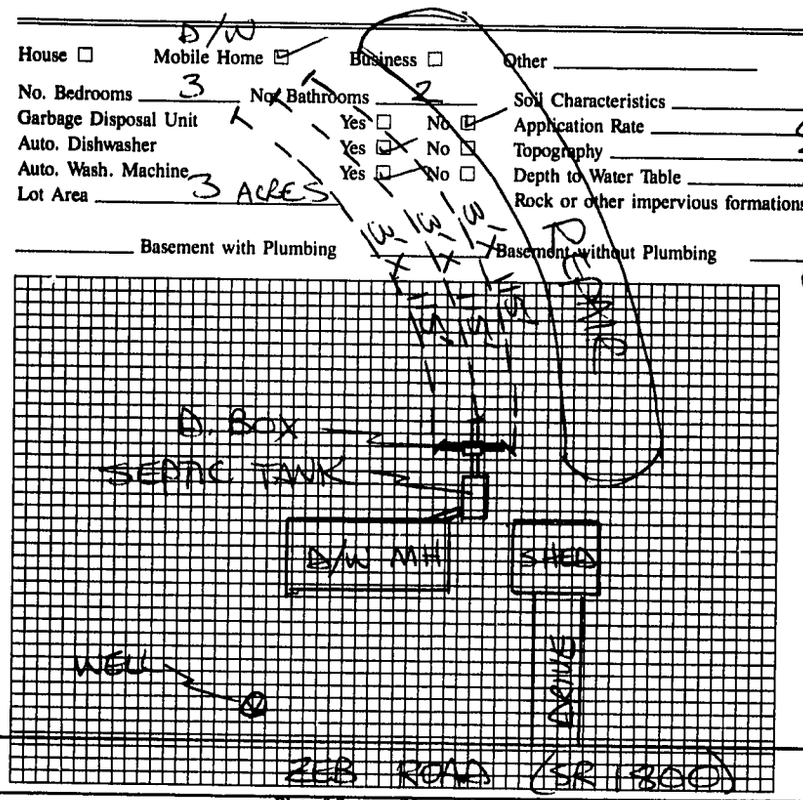
Soil Characteristics PS

Application Rate 0.35 GPD/FT²

Topography 4-6% LINEAR

Depth to Water Table >4'

Rock or other impervious formations NONE



Plot of System (Not to Scale)

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

RST 9/1/92 Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐

POWELL BACKHOE SERVICE

Installed by LARRY POWELL

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 STEVE HEDRICK

COMMENTS ① REPAIR AREA IS 100% CONVENTIONAL, GRAVITY - FED.

SR 1801 McCARTER RD

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 11/10/92

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