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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR DAVID E. EISELE DATE 4/8/93 PERMIT NO. 13L-A-77

PHONE: Business _____ Home _____

LOCATION I-77 N, TR TOMUN MILL ROAD, TL RASH ROAD, ON (L) IN WOODEA AREA ~1 MILE

SUBDIVISION NAME _____ S.R. No. 1885

LOT NO. _____ SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 9.903 Ac

Soil Characteristics PS

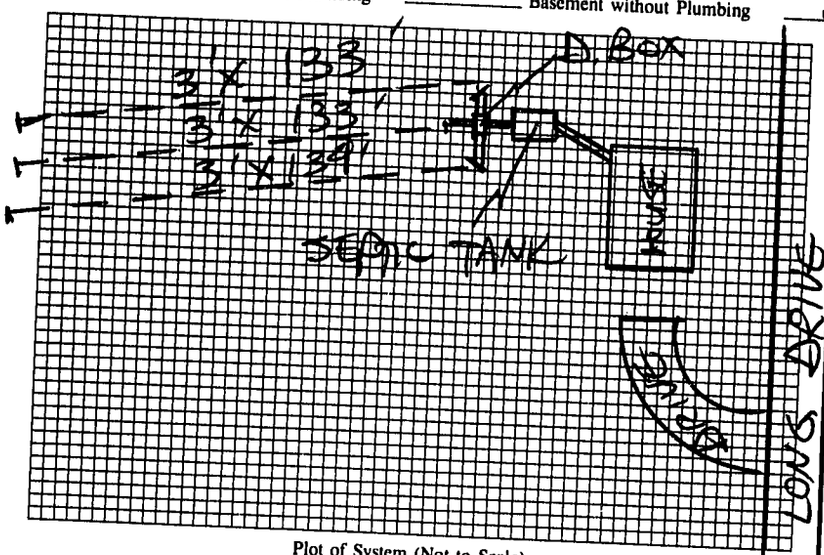
Application Rate 0.4 GPD/FT²

Topography 6-10% LINEAR

Depth to Water Table >41

Rock or other impervious formations NONE

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



Plot of System (Not to Scale)

ACP 2/9/93

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐

Installed by _____

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 HENDRICK

COMMENTS _____

CERTIFICATE OF COMPLETION BY STEVE HENDRICK DATE 4/8/93

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