13438

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

PERMIT NO. 2-4-A-109

DATE 5/5/92

OWNER OR CONTRACTOR Edward Allerder

PHONE: Business _____ Home 663-5037

LOCATION Beaver Path, off Blume Rd, TR on White Lone to end on (R)

S.R. No. _____

SUBDIVISION NAME C L + T

LOT NO. 109 SECTION OR BLOCK NO. 9

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2-3

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Exactly

Soil Characteristics P - C

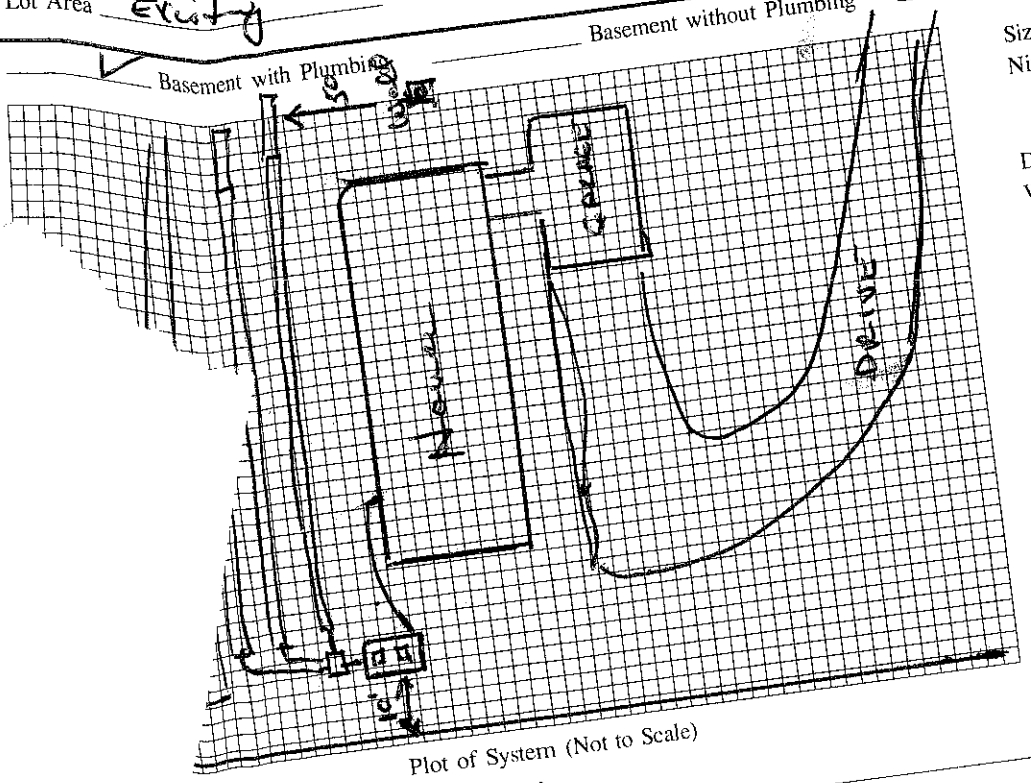
Application Rate P - .3

Topography P 10%

Depth to Water Table S > 48"

Rock or other impervious formations S none observed

☑ Basement with Plumbing ☐ Basement without Plumbing ☐ No Basement ☐ Crawl Space



Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3 Linear Ft. 200

Sq. Ft. _____

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☑ AS SHOWN

Public ☐

Installed by RL MacLeod

I understand and agree to install a septic tank syst
as specified on this Improvement Permit.

Signed: _____

(IMPROVEMENT PERMIT IS VALID
60 MONTHS FROM DATE OF ISSU

VEMENT PERMIT BY AWS

MENTS _____

IFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 5

NG SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

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
n is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold