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# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Edward Allender DATE 5/5/92 PERMIT NO. 2L-4-A-109

PHONE: Business ______ Home 663-5037

LOCATION Beaten Path, off Blume Rd, TR on Whitten Lane to end on (R)

S.R. No. ______

SUBDIVISION NAME CL+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 Existing

Soil Characteristics P - C

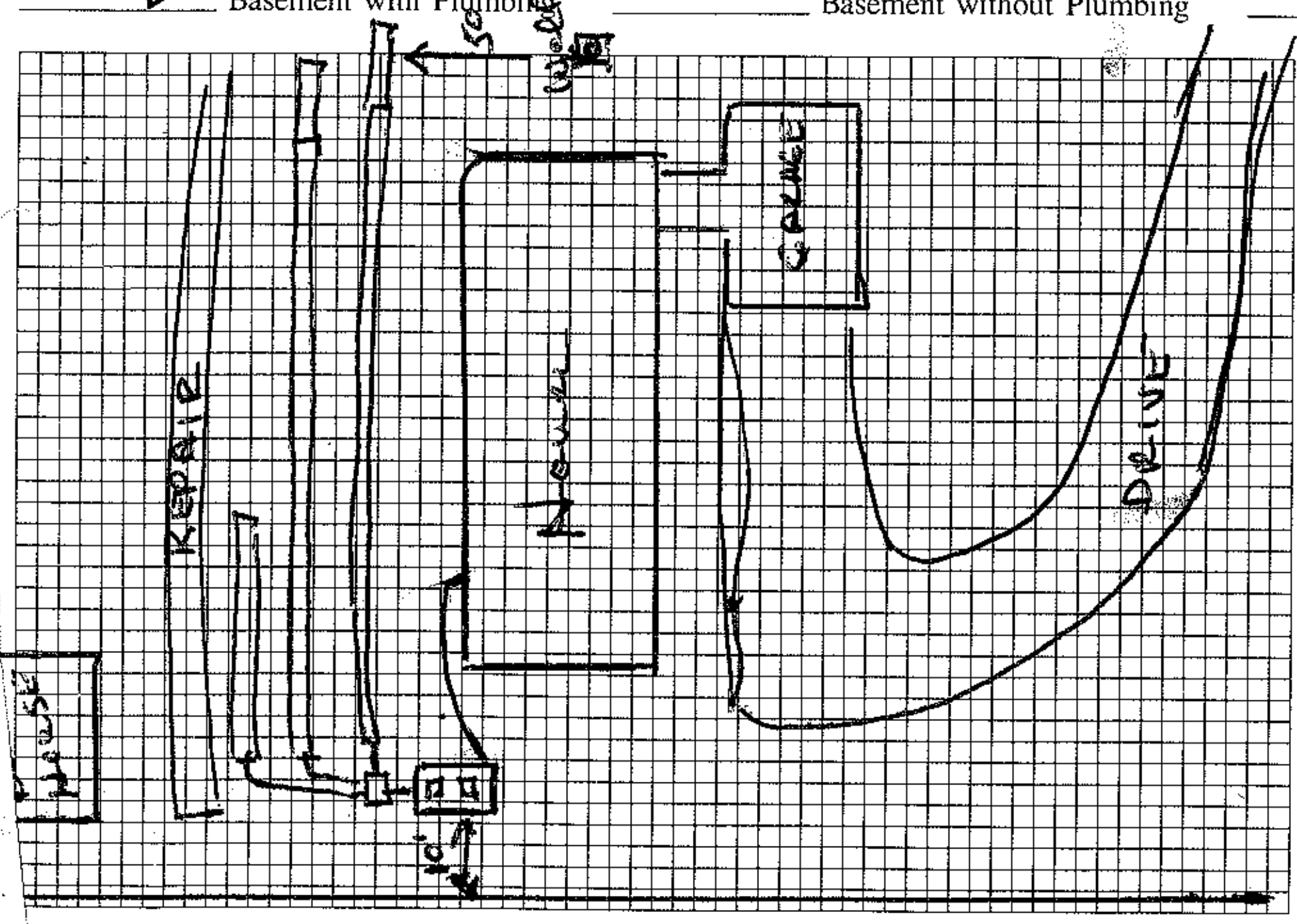
Application Rate P - .3

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




Plot of System (Not to Scale)

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. ______ Linear Ft. 200

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 system as specified on this Improvement Permit.

Signed: ______

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY AWS

COMMENTS ______

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 5/5/92

OPERATING 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 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