4664 49 0031

15650

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Wendy Dawn Alexander DATE 5/14/93 PERMIT NO. IC A12

PHONE: Business 892-1524 Home

LOCATION Presbyterian Rd, Sheans TR, 1st house on (L) after church
672 Presbyterian Road 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 150' x 200'

Soil Characteristics P - c/c

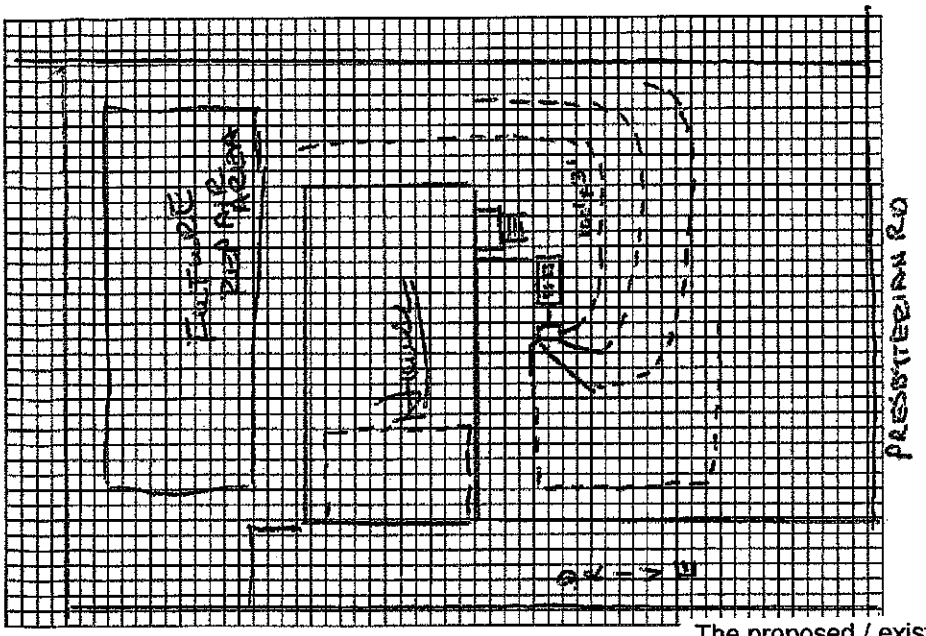
Application Rate P, .25-.3 (S,SF, wK5bK)

Topography P - 3%

Depth to Water Table S >48"

Rock or other impervious formations S - 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 4 @ 100'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☐

FROM ALEXANDER ELEC. WELL

Installed by J. BOWLES

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.)

The proposed / existing ADDITION addition does not appear to impact the existing septic system.

**NOTE: WELL TO BE RELOCATED IF SEPTIC IS REPAIRED

IMPROVEMENT PERMIT BY R.S.

Date: 10/31/92

ICHD-Environmental Health Division

COMMENTS

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 5/14/93

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