IREDELL COUNTY HEALTH DEPARTMENT

PIN# 4677-46-2789

2020

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Melvin White DATE 1/15/93 PERMIT NO. IN12 A1

PHONE: Business _____ Home 896-8503

LOCATION Alexander Acres, last trailer on (L)

S.R. No. _____

SUBDIVISION NAME Caudill Estates LOT NO. Pt of 1 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ (3 wide) Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~ 2Ac

Soil Characteristics P - C / C TRANS

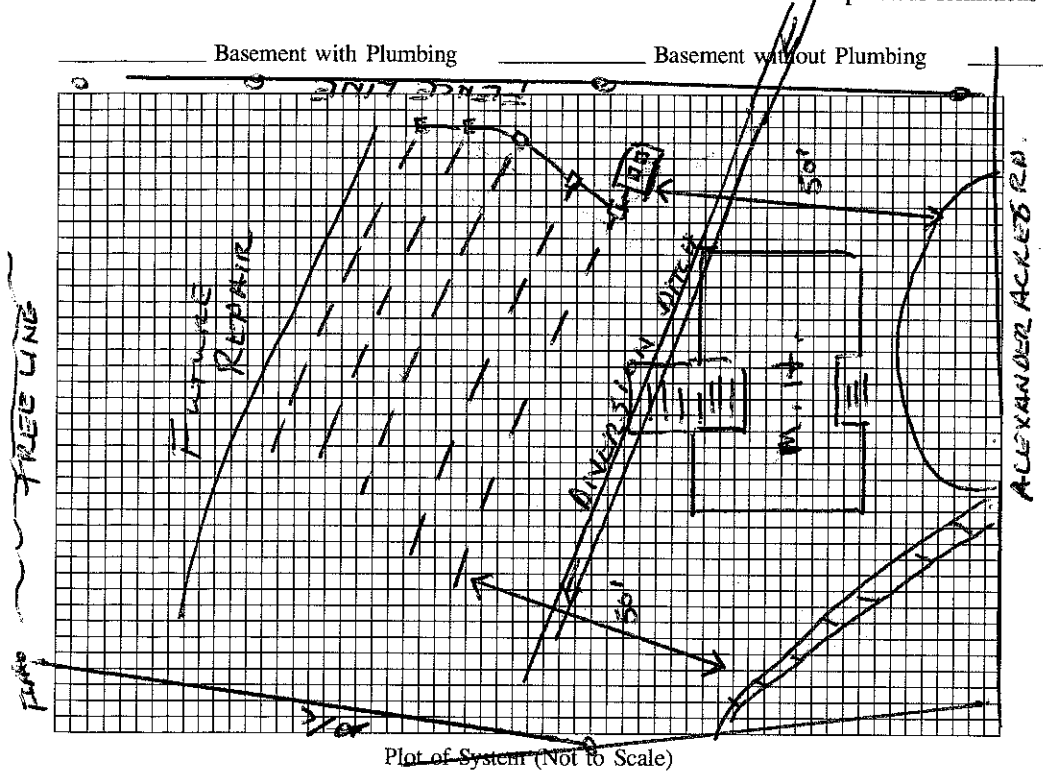
Application Rate P, .25-.3 (S, Sp, wk)

Topography P - 7-8%

Depth to Water Table 5 48"

Rock or other impervious formations 5 - None observed

_____ 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 5 @ 80' X 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED

Public ☐

Installed by Don Lackey

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 RS. DATE 1/15/93

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