2020

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Melvin White DATE 7/8/92 PERMIT NO. IN12A1

PHONE: Business ______ Home 896-8503

LOCATION Alexander Acres, TR off 152, to next to last lot on (L) side of road S.R. No. ______

SUBDIVISION NAME Caudill Estates LOT NO. 1 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 ~2 AC.

Soil Characteristics P - c/c + TRANS.

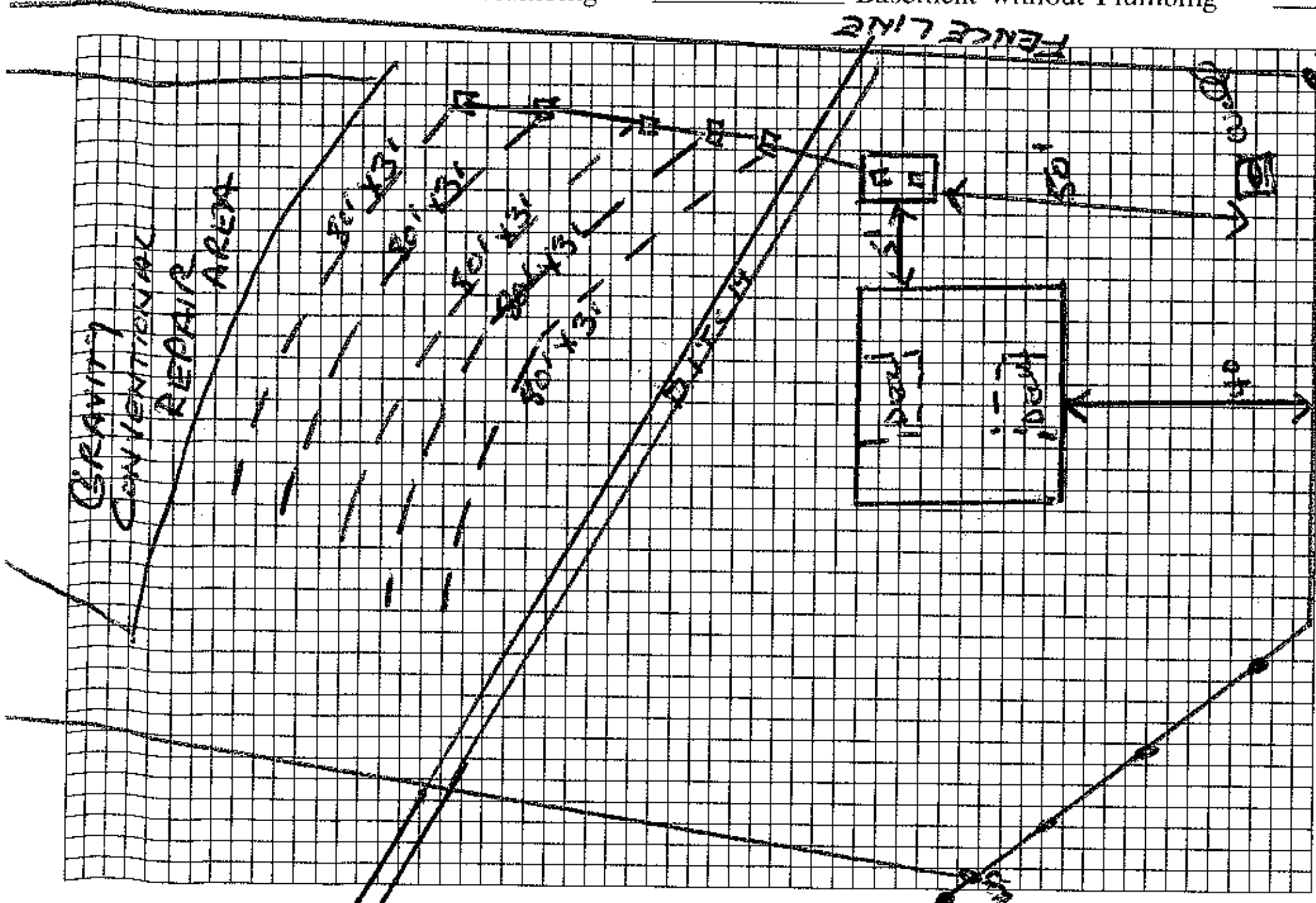
Application Rate P - .3 (sy-sp)

Topography P - 3-6%

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 1000 Gals.

Nitrification Field:

No. of Lines 4@100' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED YET. Public ☐

Installed by ______

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

Signed: X Melvin White

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

IMPROVEMENT PERMIT BY Wesley Sparks R.S.

COMMENTS

Maximum trench depth of 36" - use 1 drop box per drain line

Lines of slope contour - Topography complex

CERTIFICATE OF COMPLETION BY ______ DATE ______

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