15862

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Ronnie C. Hogan DATE 2-23-93 PERMIT NO. 8T-2-A-2

PHONE: Business _____ Home 873-0099

LOCATION I 40 W TR Old Mtn. Rd. Lot on R in corner of old Mtn. Rd. and Alpine Circle. S.R. No. 1005

SUBDIVISION NAME Alexander Farm LOT NO. 2 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 2.6 Acres

Soil Characteristics Clayey PS

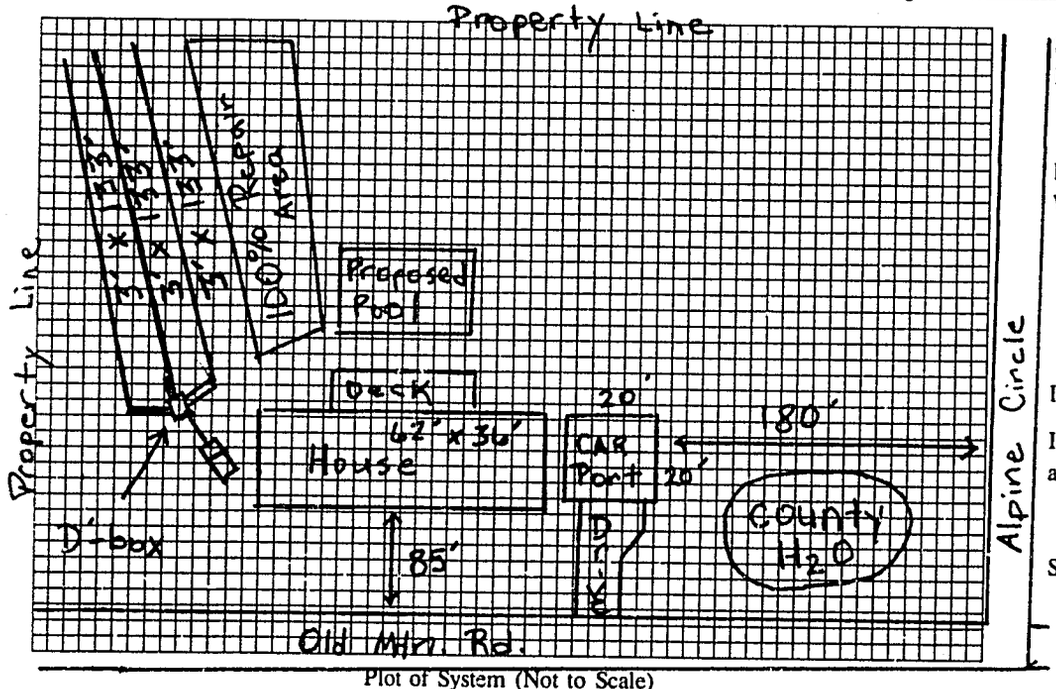
Application Rate .3 gpd/ft.²

Topography 2-4% H

Depth to Water Table > 4'

Rock or other impervious formations NA

_____ 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 3

Sq. Ft. 1200 Linear Ft. 400'

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑ county H_2O

Installed by _____

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 Michael J. Dennis R.S.I. / STEVE HEDRICK

COMMENTS Keep Nitrification Lines on contour, Keep system 5' from foundation of home, 10' off all property lines, and 10' from Water line.

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