45974

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15635

OWNER OR CONTRACTOR ALFRED D. KISTLER DATE 1/6/92 PERMIT NO. 8M-A-42

PHONE: Business _____ Home _____

LOCATION I-40 W, TR OLD MOUNTAIN ROAD, ON RIGHT BEFORE ISLAND FORD ROAD JUST BEFORE WEST IREDELL FIRE DEPT. S.R. No. 1005

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ D/W Business ☐ Other & BARN FACILITIES

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit ~~Yes ☐ No ☑~~ REPAIR

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

~~Lot Area~~ 5.6AC 3'X112'

Application Rate _____

Topography _____

Depth to Water Table EXISTING

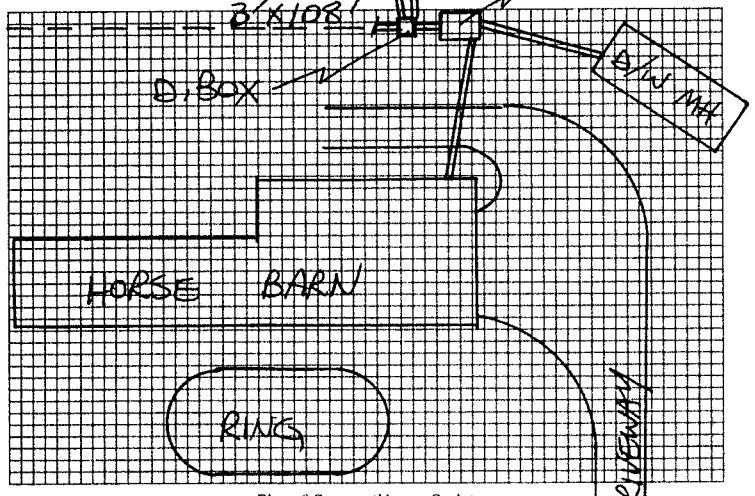
Rock or other impervious formations _____

3'X 110'

SEPTIC TANK

~~Basement with Plumbing~~ _____ Basement without Plumbing _____ No Basement _____ Crawl Space

3'X108'



Plot of System (Not to Scale)

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 990 Linear Ft. 330

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

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 _____

COMMENTS

① HORSE BARN TO BE UNOCCUPIED AFTER OCCUPANCY OF MH.
② REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY STEVE HEDRICK DATE 1/6/92

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

OLD MOUNTAIN ROAD SR 1005