47086

16261

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR JAMES WILSON DATE 5/17/93 PERMIT NO. 8M-8-A-8

PHONE: Business _____ Home _____

LOCATION I-40 W, TR OLD MTN ROAD, TR SALUE DRIVE (AT W.I.F.D.) MH ON (L) INSIDE TURN TO LEFT S.R. No. _____

SUBDIVISION NAME BRADY ESTATES LOT NO. 8 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 0.757 Acre

Soil Characteristics PS

Application Rate 0.35 GPA/FT

Topography 2-4%, LINEAR

Depth to Water Table >4'

Rock or other Impervious Formations NONE

BEARS FORD RD

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

ACP 3/19/93 Size of Tank 1000 Gals.

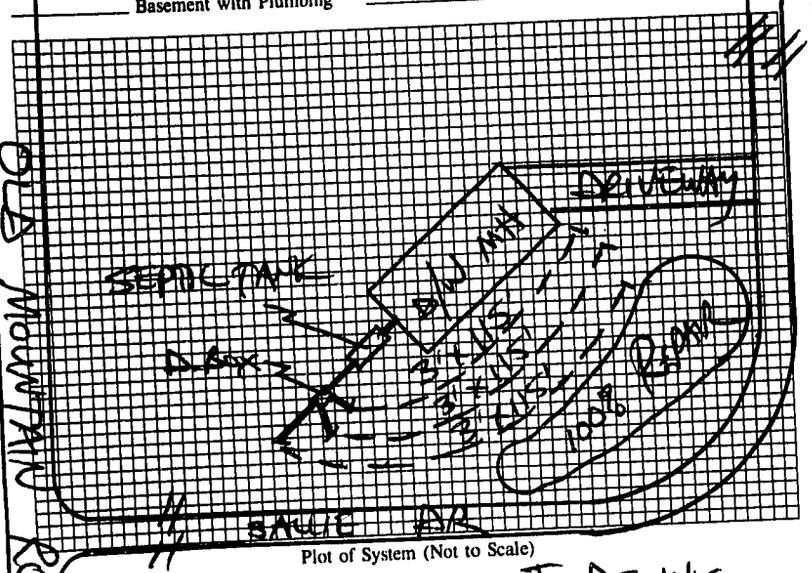
Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑ (POSSIBLY WELL)



Plot of System (Not to Scale)

Installed by DONNIE 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 MICHAEL J. DENNIS

COMMENTS (1) KEEP WELL MINIMUM 50' FROM SYSTEM
(2) REPAIR AREA IS 100%. CONV., GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HENDRICK. DATE 5/17/93

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