14136.

42403

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR WILLIAM A. POPE JR. DATE 6-23-92. PERMIT NO. 8T-2-A-16.

PHONE: Business _____ Home _____

LOCATION Old Mtn. Rd. north of I-40W - go approx. ½ mi. on R past Bradford Rds. Enter dev. - go 300 yards on R.

S.R. No. _____

SUBDIVISION NAME ALEXANDER FARM DEV. LOT NO. 16. SECTION OR BLOCK NO. _____

House [✓] Mobile Home [ ] Business [ ] Other _____

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics Prev. Suitable.

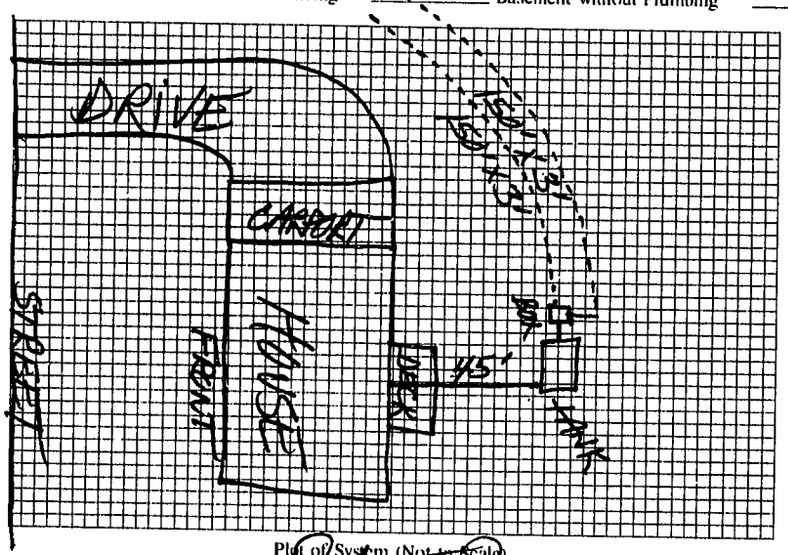
Garbage Disposal Unit Yes [ ] No [✓] Application Rate .4 gal/sq. ft.

Auto. Dishwasher Yes [✓] No [ ] Topography 2-8%

Auto. Wash. Machine Yes [✓] No [ ] Depth to Water Table 10'+

Lot Area 5 acres. Rock or other impervious formations none observed.

[✓] Basement with Plumbing [ ] Basement without Plumbing [ ] No Basement [ ] Crawl Space



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual [ ]

Public [✓]

Installed by A-1 Backhoe Ser.

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 Steve Brown

COMMENTS _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-23-92.

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