45416

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15335

OWNER OR CONTRACTOR WILLIAM F. ALEXANDER DATE 11/19/92 PERMIT NO. 9J-B-46

PHONE: Business _____ Home _____

LOCATION NC 90 W, TL AT 1ST LACKEY FARM ROAD, DRIVE ON (L) JUST BEFORE NEW NC 90, HOUSE BACK OFF ROAD S.R. No. 1537

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher PROPANE LINE Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 7.92 Ac

Soil Characteristics PS

Application Rate 0.35 GPD / FT2

Topography 2-4% LINEAR

Depth to Water Table >4'

Rock or other impervious formations NONE

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

TP 8/11/92

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 ☑

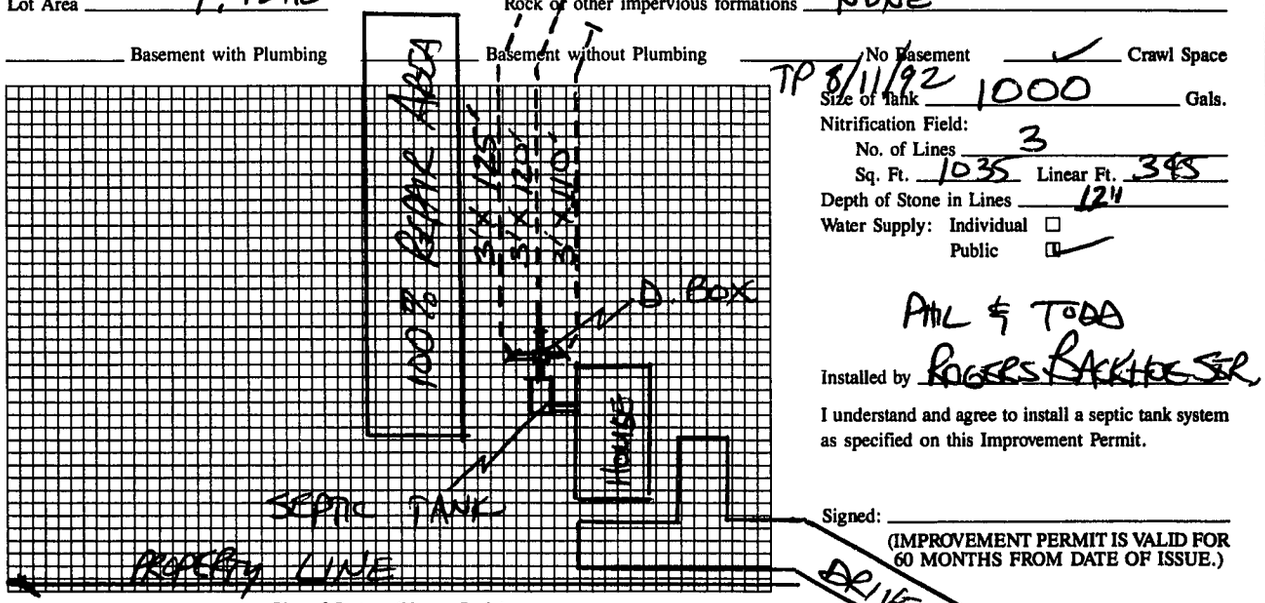
PHIL & TODD

Installed by ROGERS BACKHOE SR.

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.)



Plot of System (Not to Scale)

IMPROVEMENT PERMIT BY STEVE HEDRICK

COMMENTS _____

REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 11/19/92

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