15173.

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR JERREL WARREN DATE 9-11-92. PERMIT NO. 9F-A-90.

PHONE: Business _____ Home _____

LOCATION Hwy 90 W - 400' past Odell Rd. on left - Bathhouse behind house. S.R. No. _____

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

House [ ] Mobile Home [ ] Business [ ] Other Bathhouse toilet added at pool.

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes [ ] No [ ]

Auto. Dishwasher Yes [ ] No [ ]

Auto. Wash. Machine Yes [ ] No [ ]

Lot Area Ample.

Soil Characteristics Prov. Suitable.

Application Rate .4 gal./sq. ft.

Topography 2-8%

Depth to Water Table 10+

Rock or other impervious formations none observed.

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

Size of Tank 1000 Gals.

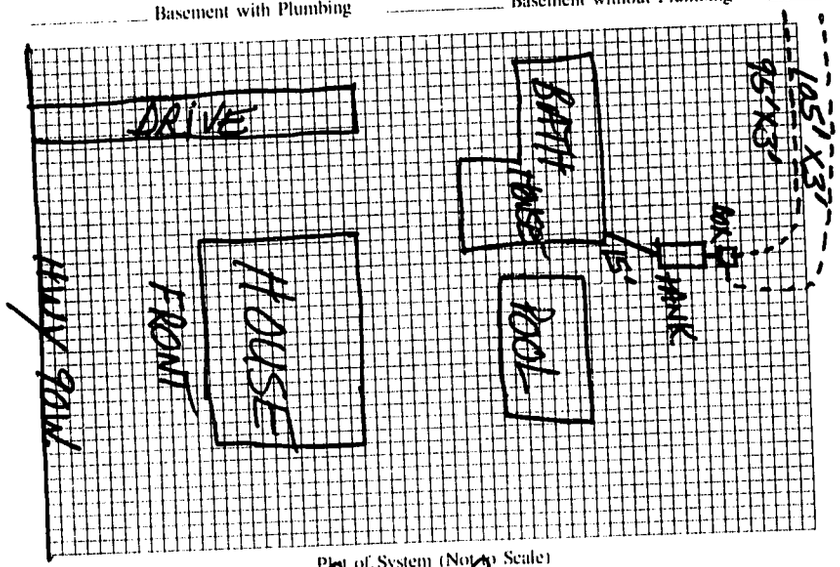
Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual [ ] Public [✓]



Plot of System (Not to Scale)

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 9-11-92.

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