14799.

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR BEN STIKELEATHER DATE 7-22-92. PERMIT NO. 8K-8-A-23.

PHONE: Business _____ Home _____

LOCATION Bethlehem Rd. off old mtn. Rd. - T.L. on 1st street - go 150 yards on left. S.R. No. _____

SUBDIVISION NAME MOUNTAIN ROAD VILLAGE LOT NO. 23. SECTION OR BLOCK NO. _____

DOUBLEWIDE

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

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

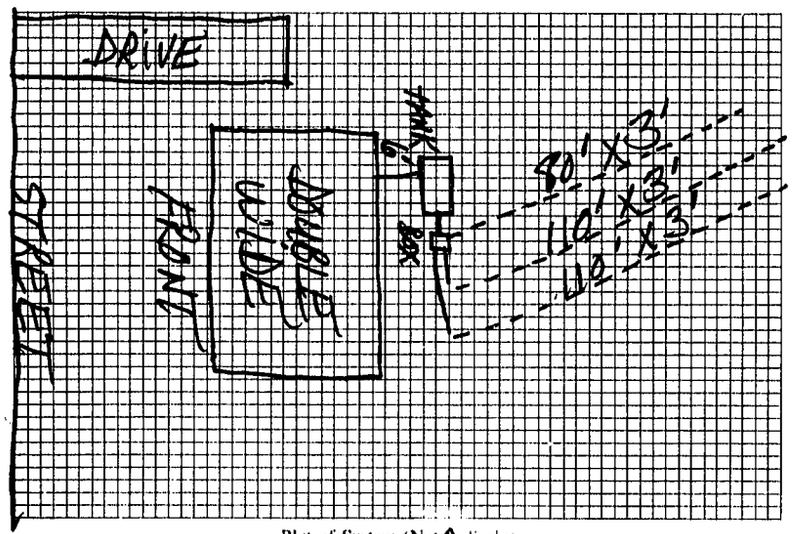
Garbage Disposal Unit Yes [ ] No [X] Application Rate 4 gal/sq. ft.

Auto. Dishwasher Yes [ ] No [X] Topography 2-6%

Auto. Wash Machine Yes [X] No [ ] Depth to Water Table 15+

Lot Area Ample. Rock or other impervious formations none observed.

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual [ ] Public [X]

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 7-22-92.

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