15928

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Ben Stikeleather DATE 4-13-93 PERMIT NO. 8K-A-40

PHONE: Business _____ Home 876-0180

LOCATION I40 W TL Old Mtn. Rd. TL Bethlehem Rd TL Austin Lane, Lot on corner of Austin Lane and Sonja Dr. S.R. No. _____

SUBDIVISION NAME Mountain Road Village LOT NO. 40 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 ±115 x 230'

Soil Characteristics P.S. Clay

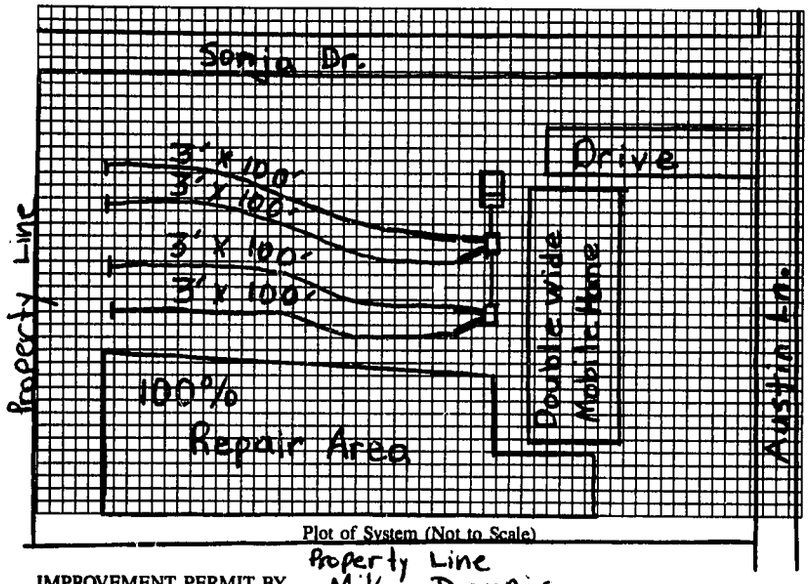
Application Rate .3 gal/ft²

Topography 3-5% L

Depth to Water Table >4'

Rock or other impervious formations NA

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




Plot of System (Not to Scale)

Property Line

Size of Tank 1000 (1-22-93) Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1200 Linear Ft. 400'

Depth of Stone in Lines 12

Water Supply: Individual ☐

Public ☑ county $H_2O$

Installed by A-1 Backhoe

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 Mike Dennis

COMMENTS Leveled off slope instead of cutting surface diversion ditch to allow proper drainage.

CERTIFICATE OF COMPLETION BY Michael J. Dennis DATE 4-13-93

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