14800.

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR WAYNE JENKINS DATE 7-1-92. PERMIT NO. 8K-8-A-64,

PHONE: Business _____ Home _____

LOCATION Bethesda Rd. off Old Mtn. Rd. - T.L. on 1st street - then T.R. on next st. go 3 yards on left. S.R. No. _____

SUBDIVISION NAME MOUNTAIN ROAD VILLAGE LOT NO. 64. SECTION OR BLOCK NO. _____

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

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

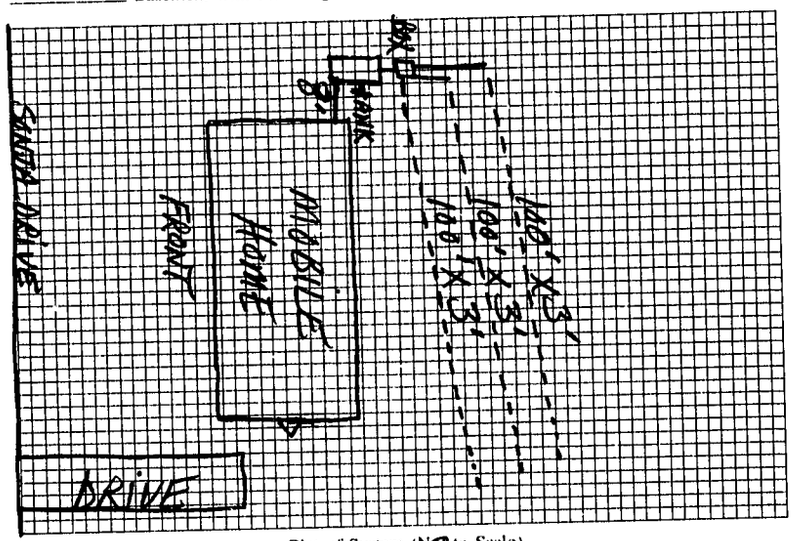
Garbage Disposal Unit Yes [ ] No [✓] Application Rate .4 gal/sq. ft.

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

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

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 24

Water Supply: Individual [ ] Public [✓]

Installed by Jimmy Cottrell

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 7-1-92.

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