16136 47060

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Anita M. Severs DATE 4-27-93 PERMIT NO. 8K-8-A-63

PHONE: Business _____ Home _____

LOCATION I40 W TL Old Mtn. Rd. TL Bethlehem Rd. TL Austin Lane TR Sonja Dr. 6th Lot on L S.R. No. _____

SUBDIVISION NAME Mt. Rd. Village LOT NO. 63 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 ≈ 250' x ≈ 100'

Soil Characteristics P. S. Clay

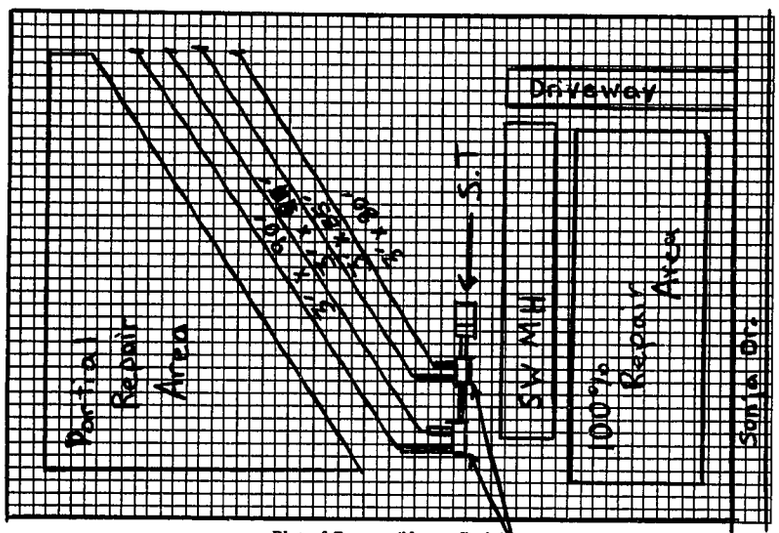
Application Rate .35 gpd / ft²

Topography 2-4% 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)

Size of Tank 1000 (2-13-93) Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1035 Linear Ft. 345'

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 Michael J. Dennis

COMMENTS 100% Repair Area above home (Pump to Repair) Fed top two lines first, bottom two last. D-boxes

CERTIFICATE OF COMPLETION BY Michael J. Dennis DATE 4-27-93

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