11384.

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR ROBERT KANOUS DATE 2-4-92. PERMIT NO. 8K-8-A9.

PHONE: Business ______ Home ______

LOCATION Old Mtn. Rd. south of White Oaks - T.L. on Bethlehem Rd. - 1/4 mi. on left. S.R. No. ______

SUBDIVISION NAME MOUNTAIN ROAD VILLAGE. LOT NO. 9. SECTION OR BLOCK NO. ______

House ☐ Mobile Home ☑ DOUBLEWIDE Business ☐ Other ______

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash Machine Yes ☑ No ☐

Lot Area Ample.

Soil Characteristics Prov. Suitable.

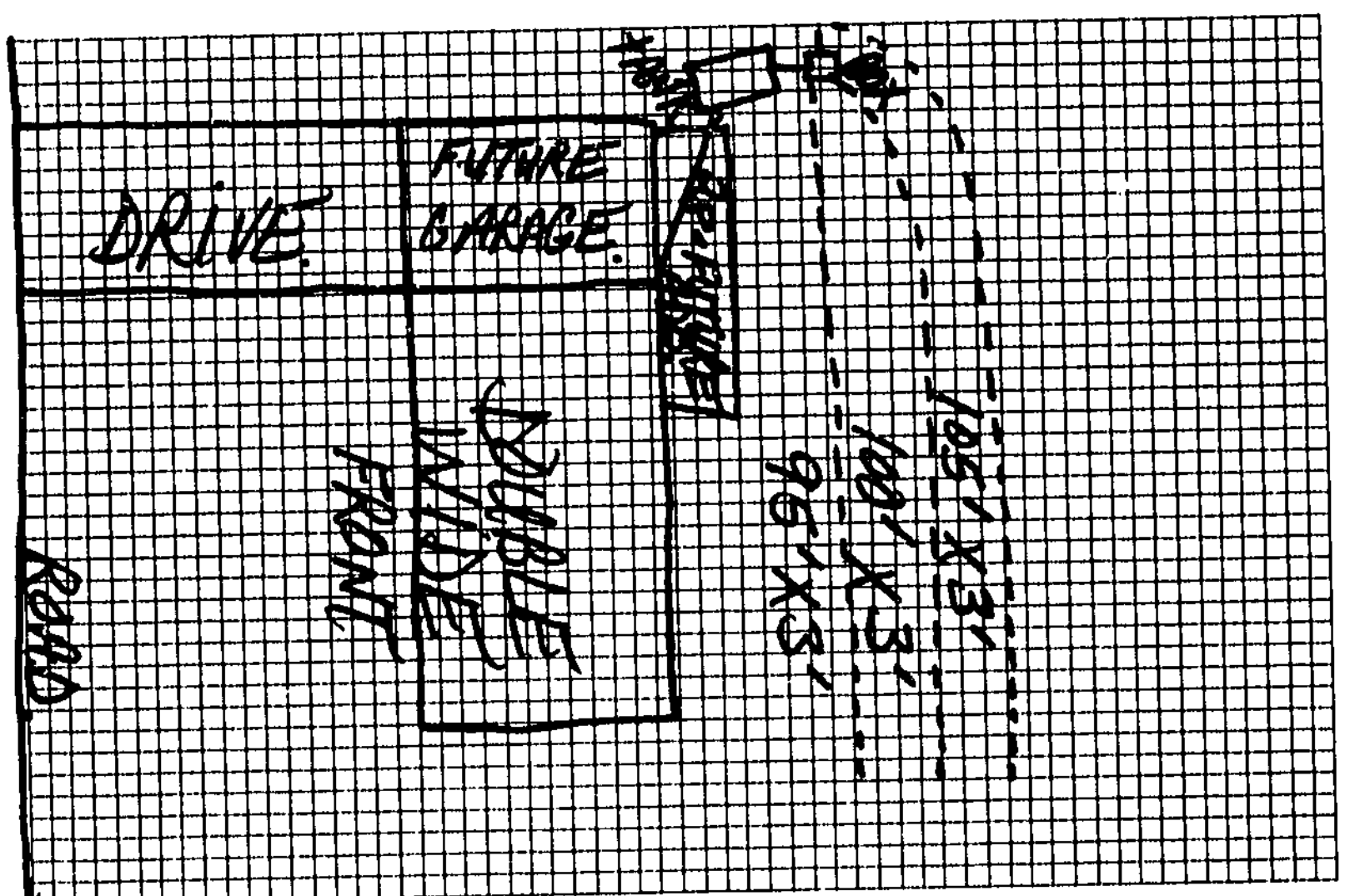
Application Rate .4 gal./sq. ft.

Topography 2-6%

Depth to Water Table 10'+

Rock or other impervious formations none observed.

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



Plan 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 ☐

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 2-4-92.

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