43164

14353.

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR JAMES CLOWER JR. DATE 5-20-92. PERMIT NO 8K-8-A-59.

PHONE: Business _____ Home _____

LOCATION Bethlehem Rd. off Old Mtn. Rd. - T.L. on 1st st. - then T.R. on next st. - stay straight - lot on left near end. S.R. No. _____

SUBDIVISION NAME MTN. ROAD VILLAGE. LOT NO. 59. SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ DOUBLEWIDE Business ☐ Other _____

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

Garbage Disposal Unit Yes ☐ No ☑ Application Rate .6 Lg. Ft.

Auto. Dishwasher Yes ☐ No ☑ Topography 2-6% Lot

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

Size of Tank 1000 Gals.

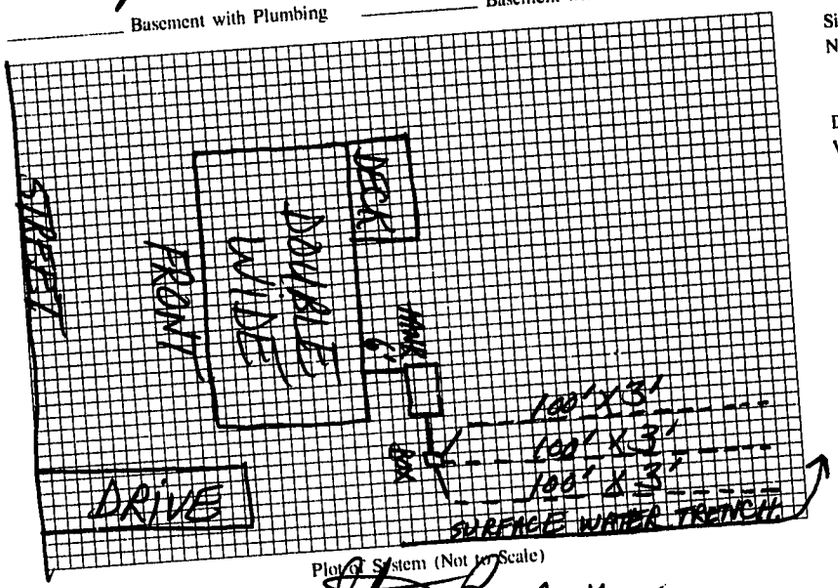
Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑



Plot of System (Not to Scale)

Installed by Tommy 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 5-20-92.

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