13965.

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR C.F. DRUM JR. DATE 2-4-92. PERMIT NO. 8K-8-A-57.

PHONE: Business ______ Home ______

LOCATION Bethlehem Rd. off Old Mtn. Rd. - go to 1st st. on left & then T.R. on next st. go to end on left. S.R. No. ______

SUBDIVISION NAME MTN. ROAD VILLAGE. LOT NO. 57. SECTION OR BLOCK NO. ______

House ☐ Mobile Home ☑ Business ☐ Other ______

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

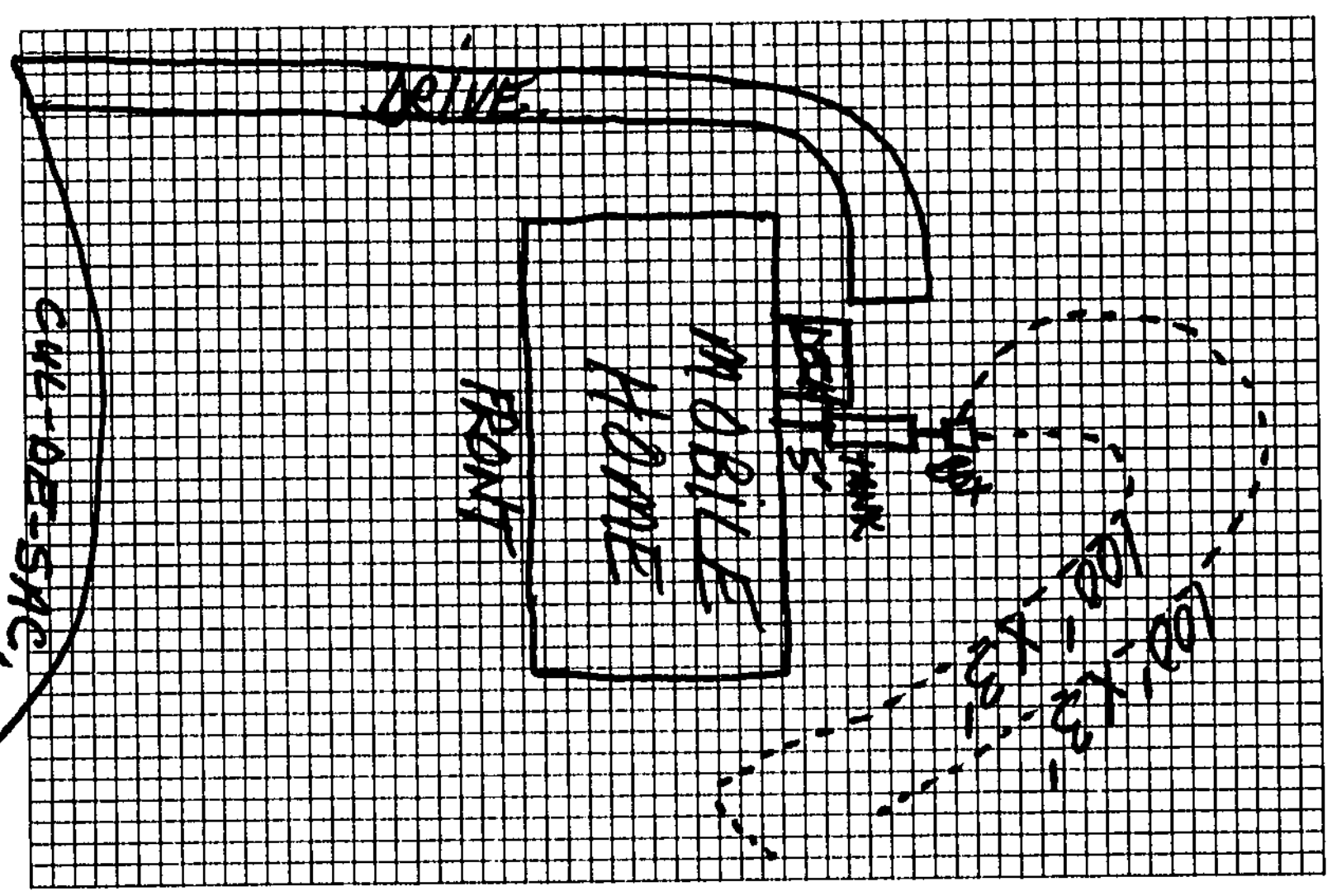
Garbage Disposal Unit Yes ☐ No ☑ Application Rate .4 gal./sq.ft.

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

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table 10'+

Lot Area .75 acre. 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: 2

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual ☐

Public ☑

Installed by Tommy Cothren

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