CITY OF STATESVILLE.

42264

IREDELL COUNTY HEALTH DEPARTMENT

on Terminal GE-A-13

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR SANDY MOORE DATE 2-12-92. PERMIT NO. 6E-A-12.

PHONE: Business _____ Home _____

LOCATION Bristol Rd. off Hwy 70W - Modular Home on L side 2127 Bristol Rd

SUBDIVISION NAME _____ LOT NO. N/A. SECTION OR BLOCK NO. _____ S.R. No. _____

House ☐ ~~Mobile~~ MODULAR 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 Ample.

Soil Characteristics Prev. Suitable.

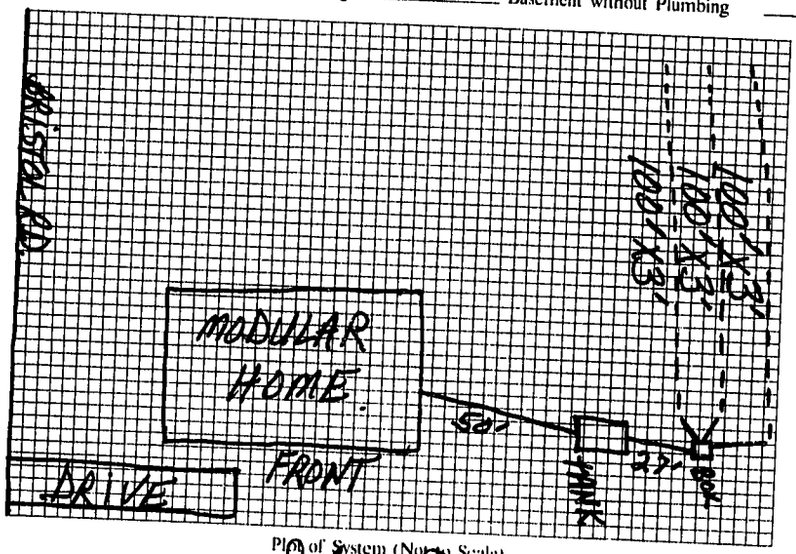
Application Rate .4 gal./sq. ft.

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



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 12"

Water Supply: Individual ☐ Public ☑

Installed by John Menscer

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

EXISTING SYSTEM CHECKED BY _____ DATE 2-12-92.

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

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