IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14852
OWNER OR CONTRACTOR ARCHIE G. BRIDGES DATE 1/31/92 PERMIT NO. 10K-A-54

PHONE: Business _____ Home _____

LOCATION US 21 N, TL JENNINGS ROAD, TR BLACKWELDER ROAD, MH AT 2ND BRICK HOUSE ON (L) S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other ( )

No. Bedrooms 2 No. Bathrooms 1

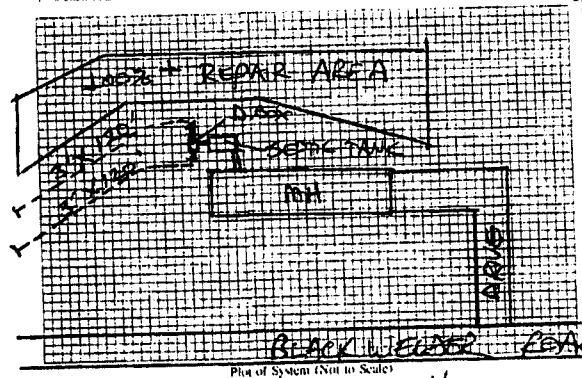
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Lot Area 6 AC

Soil Characteristics DS
Application Rate 0.33 GPD/FT²
Topography 2-4% LINEAR
Depth to Water Table >4'
Rock or other impervious formations NONE
WELL

( ) Basement with Plumbing ( ) Basement without Plumbing (✓) No Basement (✓) Crawl Space

TP 5/17/92

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual ( ) Public (✓) BRICK HOUSE



Plot of System (Not to Scale)

Installed by Tommy Frye

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.)

DELIVERED

IMPROVEMENT PERMIT BY STEVE HEDRICK

COMMENTS REPAIR AREA IS 100% CONVENTIONAL GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 2/3/92

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

JAN. 1, 1989 7:38