15709 46341

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Roger Link DATE 4-22-93 PERMIT NO. 5R-2-A-14

PHONE: Business _____ Home _____

LOCATION Salem meadows lot 14

S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2 Soil Characteristics Clayey

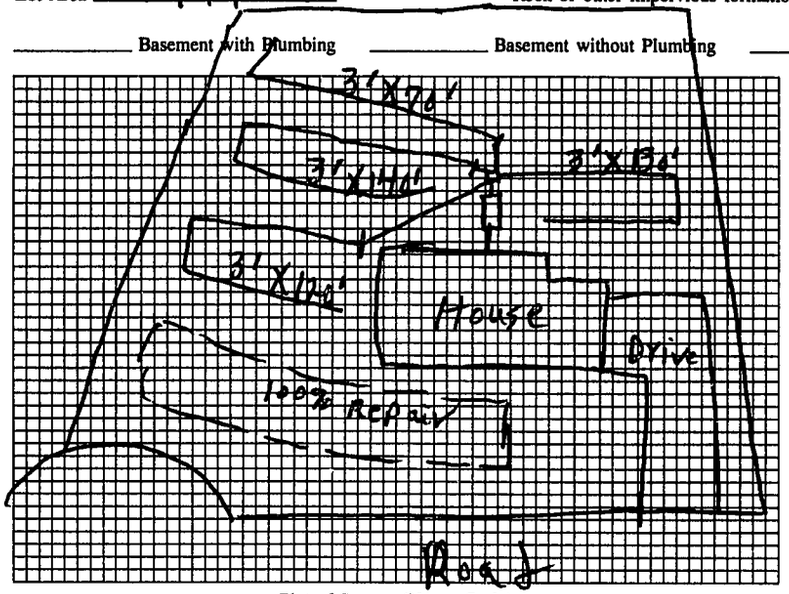
Garbage Disposal Unit Yes ☐ No ☑ Application Rate .35

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

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

Lot Area .749 acres Rock or other impervious formations none

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



Plot of System (Not to Scale)

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1380 Linear Ft. 460

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by A-1 Backhoe

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 P. C. Moore

COMMENTS _____

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 4-22-93

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