endxed

15328.

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

11K-3-A-10

OWNER OR CONTRACTOR FRANK BARRIER DATE 10-16-92. PERMIT NO. HK-A-10.

PHONE: Business _____ Home _____

LOCATION Hwy 64E - T.L. on Cool Springs Rd. - bear R at forks & go short distance on Jagger Head Rd. - MH Pon (R). S.R. No. _____

SUBDIVISION NAME COOL SPRINGS MHP. LOT NO. 11. SECTION OR BLOCK NO. _____

House ☐ Mobile 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 15,000 sq. ft.

Soil Characteristics Clay loam

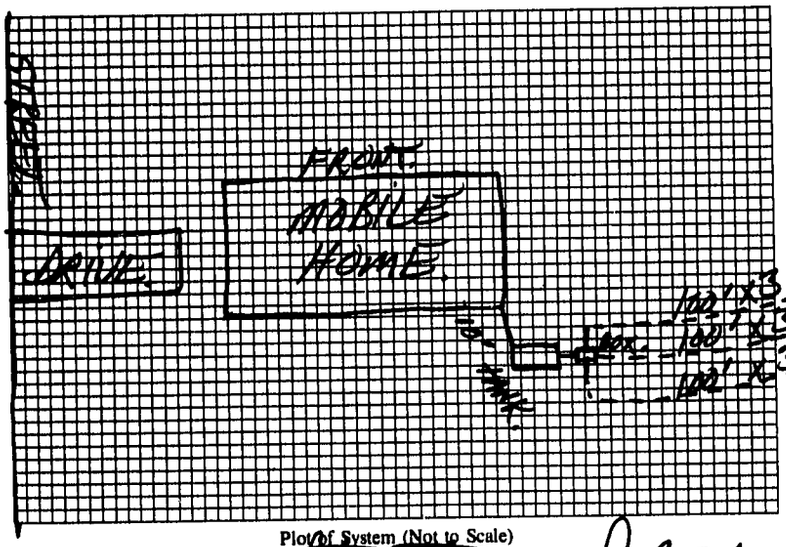
Application Rate .4 gal/sq. ft.

Topography 2-8%

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 A-1 Backhoe Ser.

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 J.C. Moore

COMMENTS _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 10-16-92.

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