46968

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15874

OWNER OR CONTRACTOR ALAN WILLIAMS DATE 4/20/93 PERMIT NO. 130-A-8-A

PHONE: Business 876-1091 Home

LOCATION US 21 N, TL JENNINGS ROAD, ON (R) AT SOUTH EAST CORNER OF MOSSWOOD ROAD (SOUTH) INTERSECTION S.R. No. 1892

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

House ☐ Mobile Home ☑ S/W Business ☐ Other PLANNED FOR FUTURE 3BR

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 48 ACRES

Soil Characteristics PS

Application Rate 0.35 GPD / FT²

Topography 2-4% SHOULDER

Depth to Water Table >4'

Rock or other impervious formations NONE / SHALLOW TO SAP.

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

ACP 1/22/93

Size of Tank 1000 Gals.

Nitrification Field:

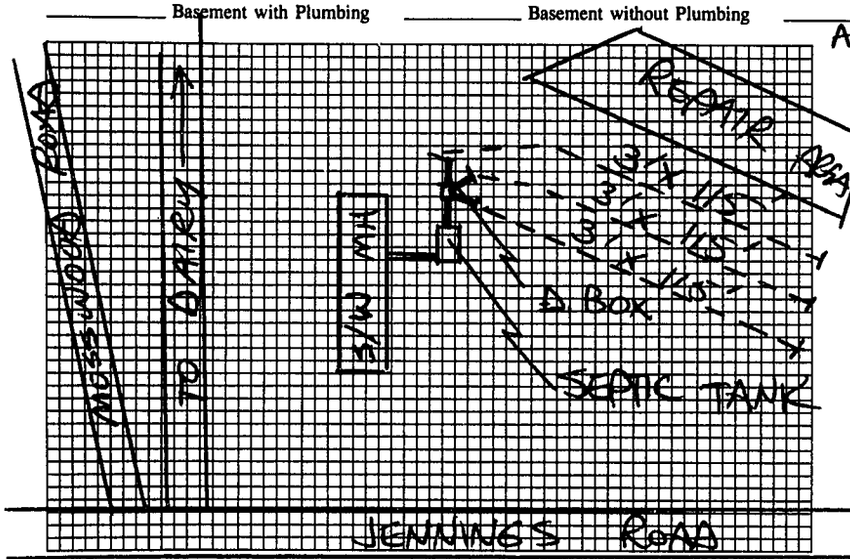
No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL AT DAIRY

Public ☐



Plot of System (Not to Scale)

ALAN WILLIAMS

Installed by DERRICK CORNETT

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 HEDRICK

COMMENTS

REPAIR AREA IS 100% CONVENTIONAL, GRAVITY FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 4/20/93

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