

ALEXANDER COUNTY HEALTH DEPARTMENT

Call 704-632-9704 between 8:00 - 9:00 AM, Mon-Fri

322 1st Avenue SW, Taylorsville, NC 28681

Improvements Permit and Certificate of Completion

(Ground Absorption Sewage Disposal System-Article 11 of Chapter 130A 15A NCAC 18A. 1900)

- ☐ Improvement Permit
☒ Repair Permit
☐ Authorization of Existing System

Owner Mary Milledale Date 9-21-95

Site 271 Hwy 16 N
 Location Hwy 16 N, last house on left before Gravel Hill Ct.

Subdivision _____ Lot No. _____ Lot Size _____

Basement Yes ☐ No ☒ Basement Plumbing Yes ☐ No ☒

HOUSE MOBILE HOME BUSINESS
 Living Units 1 No. Bedrooms 2 No. Baths 2
 Garb. Disp. Unit yes ☐ no ☒

SEPTIC TANKS SYSTEM

Size of Tank _____ Sib No. _____

Installed by Loane Bowman

Nitrification field _____ Sq. Ft. _____

Number of Lines Replace 15 of 100

Length & Width of Lines: _____

A. Trench System ☐ Bed System ☒

Special Requirements: Remove center

in Oak 16 to 20 ft

Replace 15 of 100 Tee

Water Supply: Spring _____ Well _____ Other public

SITE EVALUATION

Slope (%) PS

Soil Texture (12-36 in.) PS

(Sandy, Loamy, Clayey) PS

Soil Structure (12-36 in.) PS

(Clayey Soils) PS

Soil Depth (in.) PS

Restrictive Horizons (in.) PS

(Impervious Strata, Rock) PS

Soil Drainage/Ground Water PS

(External & Internal) PS

Soil Permeability PS

(Application Rate) PS

Site Classification PS

This improvement permit shall become invalid immediately if any changes are made on the site. For example: 1) Increasing the size of the home or number of bedrooms. 2) Relocation of house site or altering size or location of the lot. 3) Grading, cutting or filling the area designed for the sewage system and the 100% repair area or the location of a driveway, utilities, etc. on these areas. 4) The placement of or discovery of an existing well which is too close to the sewage system and 100% repair area, as required by state law. 5) Anything else which occurs that would cause the permit to become void as stated in Article 11, Chapter 130A of the General Statutes of North Carolina, otherwise the permit shall be valid for sixty (60) months from date of issue.

I have read and fully understand the above.

SIGN Mary Milledale (Owner or Authorized Agent) DATE Sept 21, 95

•Note: The lot size and dimensions were provided by the owner and/or applicant. Also, there is no guarantee that this system or any other will function satisfactory for any given period of time.

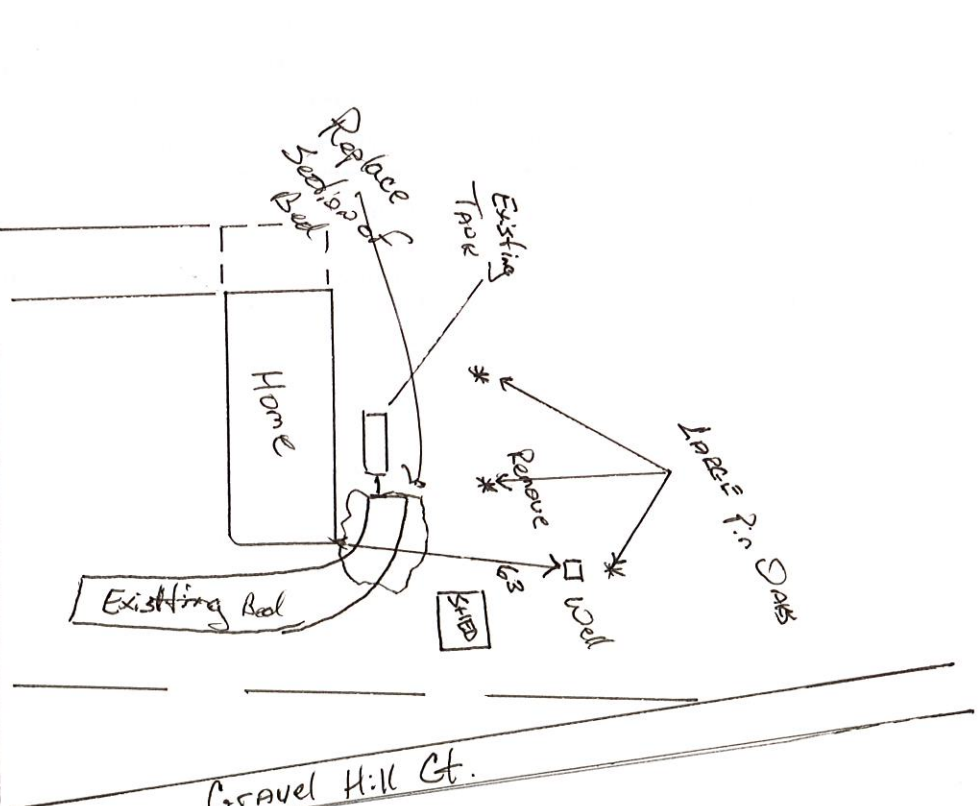
Owner Mary Milledale No 7257

IMPROVEMENT PERMIT

By Loane Bowman

Date 9-21-95

Note: Out of county installers must call before installation.



CERTIFICATE OF COMPLETION

BY Loane Bowman DATE 9-21-95

Authorization of Existing System

BY _____ DATE _____