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IREDELL COUNTY HEALTH DEPARTMENT

EXISTING REPAIR

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR RUTH DAGENHART DATE 10/19/92 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40 W, TR SHARON SCHOOL ROAD, TL ISLAND FORD ROAD, HOUSE ON (R), JUST BEFORE OLD LION ROAD S.R. No. 1006

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

House ☑ Mobile Home ☐ Business ☐ Other ☐

No. Bedrooms _____ No. Bathrooms _____ Soil Characteristics EXISTING

Garbage Disposal Unit Yes ☐ No ☐ Application Rate _____

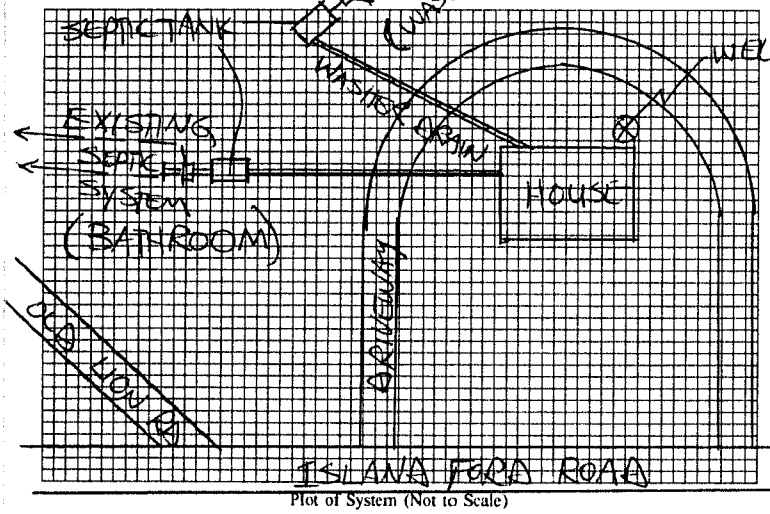
Auto. Dishwasher Yes ☐ No ☐ Topography _____

Auto. Wash. Machine Yes ☐ No ☐ Depth to Water Table _____

Lot Area _____ Rock or other impervious formations _____

EXISTING SEPTIC SYSTEM WASHER DRAIN SIED

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



Plot of System (Not to Scale)

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ☐ Public ☐

Installed by _____

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 _____

COMMENTS WASHER DRAIN CURRENTLY EMPTYING TO GROUND SURFACE TO BE TIED INTO EXISTING SEPTIC TANK PREVIOUSLY INSTALLED FOR MH SITE.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY STEVE HEDRICK DATE 10/19/92

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