IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

REPAIR

OWNER OR CONTRACTOR WAYNE KELLER DATE 12/21/92 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION I-40 W, TR SHARON SCHOOL ROAD, ~0.5 mi. on (L) PAST ISLAND FORD ROAD, BACK OFF ROAD S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

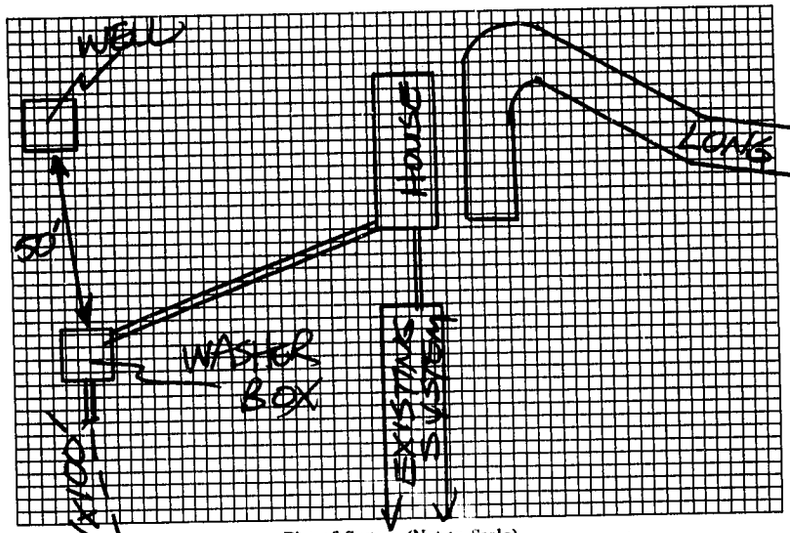
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ☐	No ☐
Auto. Dishwasher	Yes ☐	No ☐
Auto. Wash. Machine	Yes ☐	No ☐

Lot Area _____

Soil Characteristics _____
Application Rate _____
Topography _____
Depth to Water Table EXISTING
Rock or other impervious formations _____

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



Plot of System (Not to Scale)

Size of Tank 75 WASHER BOX Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 12
Water Supply: Individual ☑ WELL
Public ☐

CECIL FORSYTH
Installed by J.C.'s 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 STEVE HEDRICK

COMMENTS _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 12/21/92

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