IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR TOMMY THOMPSON DATE 9-8-92. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40 W-T.R. on Sharon School Rd.-T.R. on 1st st. (Steve Colony)-go to 2nd house on left. S.R. No. _____

SUBDIVISION NAME SHARON COLONY DEV. LOT NO. _____ SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other Repair.

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area Ample.

Soil Characteristics _____

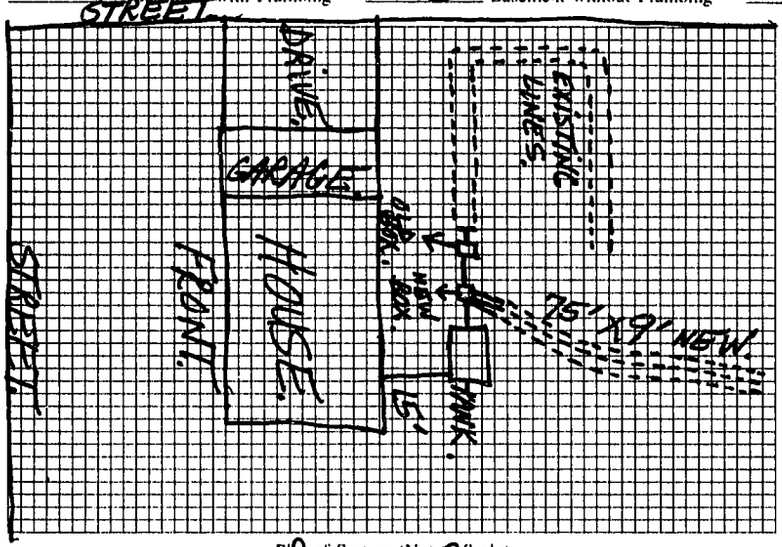
Application Rate _____

Topography _____

Depth to Water Table Repair.

Rock or other impervious formations _____

_____ 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 3

Sq. Ft. 675 Linear Ft. 225

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Forest Shuford

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 Brown

COMMENTS New tee installed; new dist. box for new lines. Old dist. box used for old lines. maple tree removed. Water line rerouted.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 9-8-92.

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