IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Jimmy ROTEN JR. DATE 2-3-92. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Peck mill Rd. off old mtn. Rd. - go approx. 2.5 mi. & on left. Enter dev. 1st mobile home on left. S.R. No. _____

SUBDIVISION NAME MOTT MILL PARK. LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other Repair.

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Ample.

Soil Characteristics _____

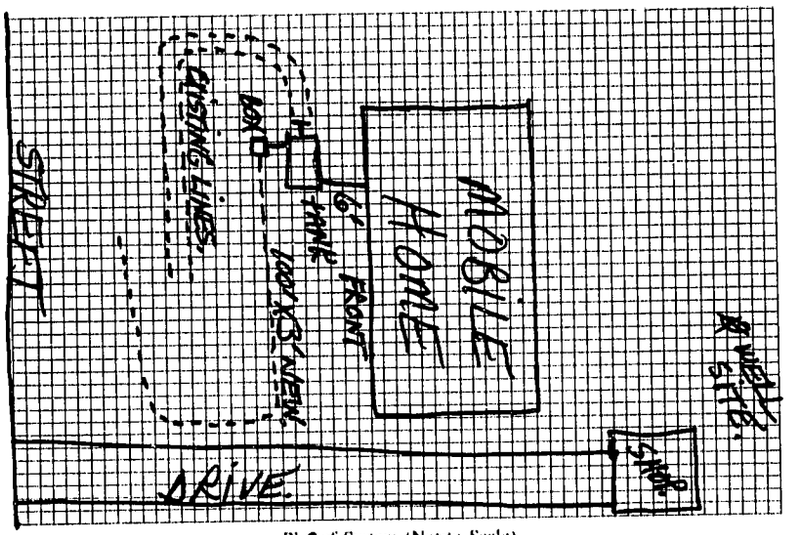
Application Rate _____

Topography Repair.

Depth to Water Table _____

Rock or other impervious formations _____

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



Plan of System (Not to Scale)

Size of Tank EXISTING. Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 300 Linear Ft. 100

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by Tommy Cothren

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 This repair job is also to accomodate a 3 bedroom Double wide that is to be placed on property soon. Individual well to be installed soon. new tee installed in side of tank for new line. Waterline re-routed.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 2-3-92.

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