14555. Beverly Sumner

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR BRUCE HAMMON DATE 5-4-92. PERMIT NO. 8V-A-73.

PHONE: Business _____ Home _____

LOCATION New Sterling Rd. off old mtn. Rd. - T.R. on Linder Lane - T.R. on Balick Rd. go approx. 3/8 mi. on R. - front mobile home. S.R. No. _____

SUBDIVISION NAME _____ LOT NO. 73. SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other Addition to mobile home with roof.

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area EXISTING.

Soil Characteristics

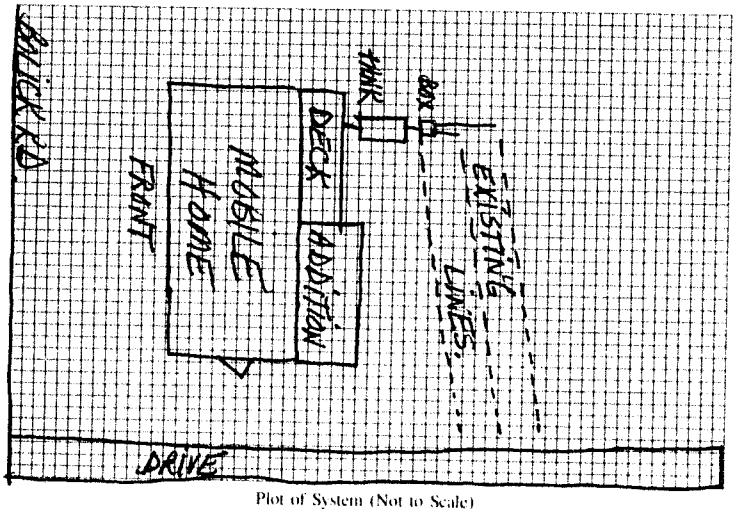
Application Rate EXISTING SEPTIC

Topography

Depth to Water Table TANK SYSTEM.

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 _____

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 Existing septic tank system functioning properly at the time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY Steve Brown DATE 5-4-92.

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