10775.

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR DON REID DATE 6-16-92. PERMIT NO. 92-4-A-12.

PHONE: Business _____ Home _____

LOCATION Hwy 90W to Stony Point-T.L. on Jackey Farm Rd.-go 1/4 mi. RT.R. on Emerald Lane-200 yards on R. S.R. No. _____

SUBDIVISION NAME GREEN VALLEY DEV. LOT NO. 12. SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics Prop. Systable.

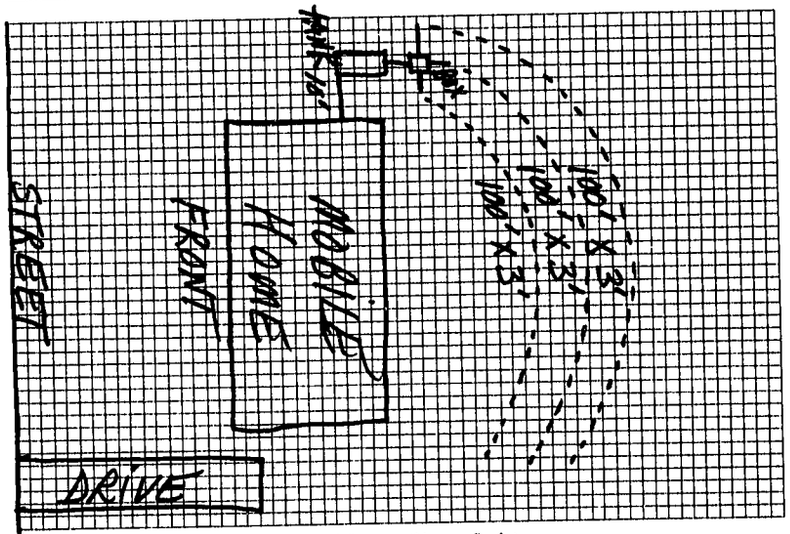
Garbage Disposal Unit Yes ☐ No ☑ Application Rate .48 gal./sq.ft.

Auto. Dishwasher Yes ☐ No ☑ Topography 2-B

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table 18+

Lot Area 1.59 acres. Rock or other impervious formations none observed.

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




Plan of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
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 _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-16-92.

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