14645.

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR EUGENE ELLER DATE 5-19-92. PERMIT NO. 9J-4-A-3.

PHONE: Business _____ Home _____

LOCATION Hwy 90 W to Stony Point-T.L. on Lackey Farm Rd.-go 1/4 mi. Rt. R. into dev.-100 yards on left. S.R. No. _____

SUBDIVISION NAME GREEN VALLEY DEV. LOT NO. 3. SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☐ Business ☑ Other Temporary office mobile unit.

No. Bedrooms _____ No. Bathrooms 1 Soil Characteristics _____

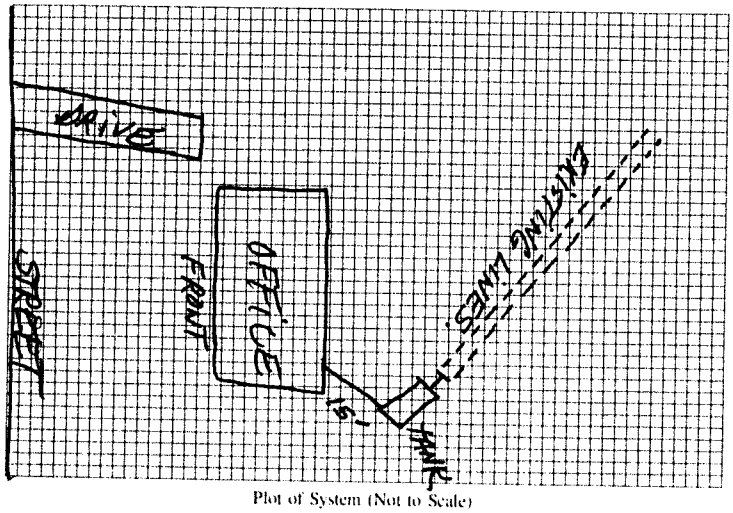
Garbage Disposal Unit Yes ☐ No ☑ Application Rate _____ EXISTING SEPTIC

Auto. Dishwasher Yes ☐ No ☑ Topography _____

Auto. Wash Machine Yes ☐ No ☑ Depth to Water Table _____ TANK SYSTEM.

Lot Area 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 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 5-19-92.

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