4626 22 0640

14363

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Sharon Wozny DATE April 1, '92 PERMIT NO. 2F-1-A-45

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 (Chuckwood) to end TR Indian Trail
0.3 mile on left

S.R. No. _____

SUBDIVISION NAME Crescent LOT NO. 45 SECTION OR BLOCK NO. 7

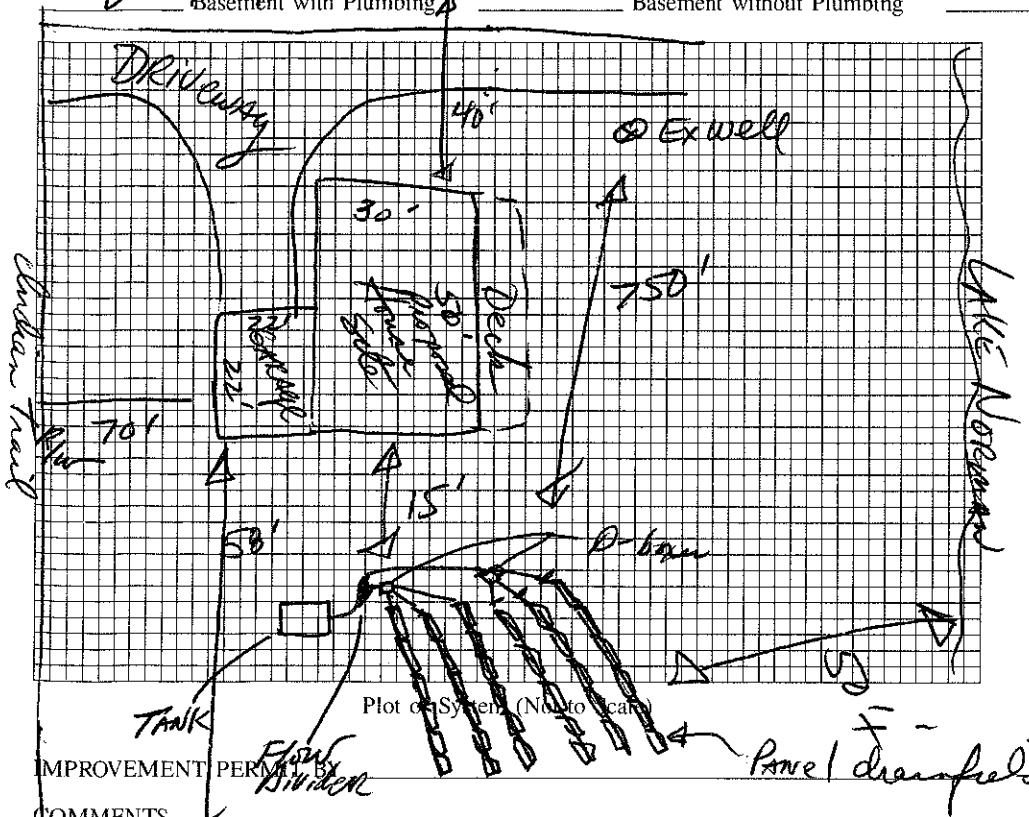
House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ☐ No ☑
Auto. Dishwasher Yes ☑ No ☐
Auto. Wash. Machine Yes ☑ No ☐
Lot Area EXISTING

Soil Characteristics _____
Application Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

✓ (pump in basement) TO TANK 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 Existing
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 system showing no sign of malfunction at time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY David R. Hanson, RS DATE 4/1/92

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