15711

IREDELL COUNTY HEALTH DEPARTMENT

PNT 4636-51-2704

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR James D. Patton DATE Jan 29, '93 PERMIT NO. 2G-7B-29

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 TR Coverview DR. TL Ensign Lane 2nd MH on left S.R. No. _____

SUBDIVISION NAME Coverview Park LOT NO. 29 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other Replacing 3 bedroom MH w/ newer model

No. Bedrooms 3 No. Bathrooms ~2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area EXISTING

Soil Characteristics _____

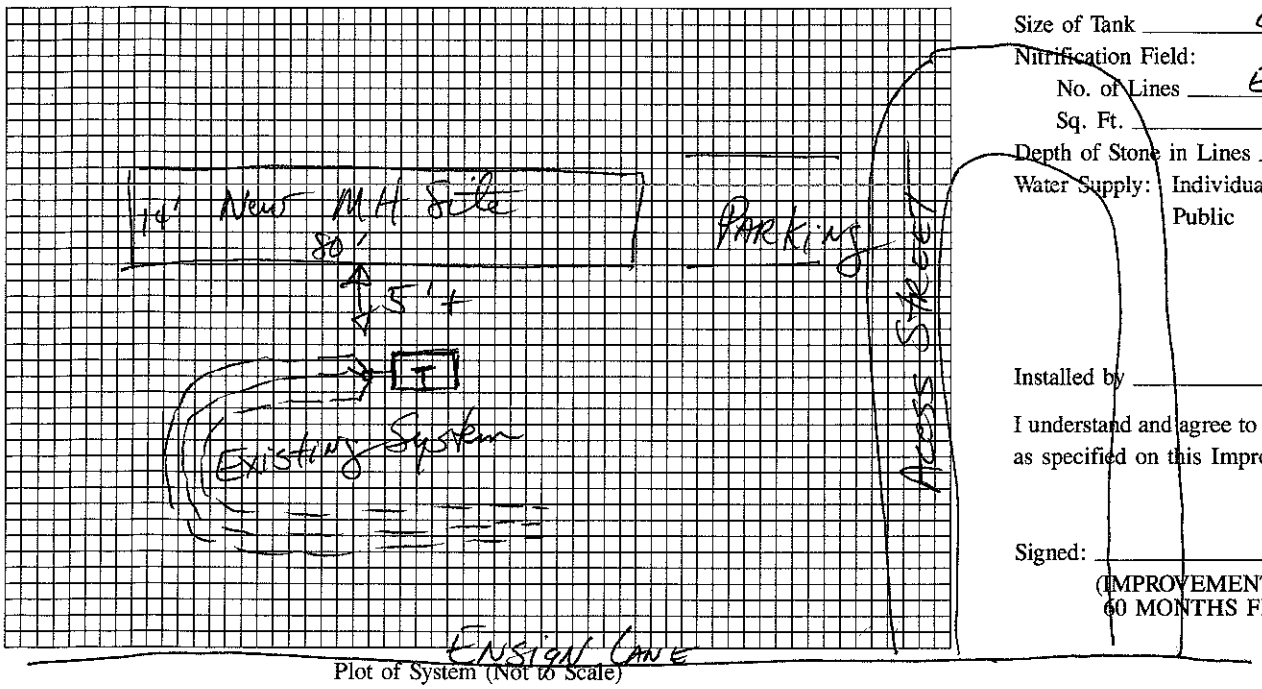
Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ 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 ☑ CW

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. New Mobile home to be set up at least 5' off septic system.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY Jack R. Hinson, RS DATE 1/29/93

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