IREDELL COUNTY HEALTH DEPARTMENT

PW # 4636-32-6005

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR James L. Lindsey DATE March 30, '93 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1-40 E TL 1112 TR Coverview Park Rd.
2nd MH on right S.R. No. _____

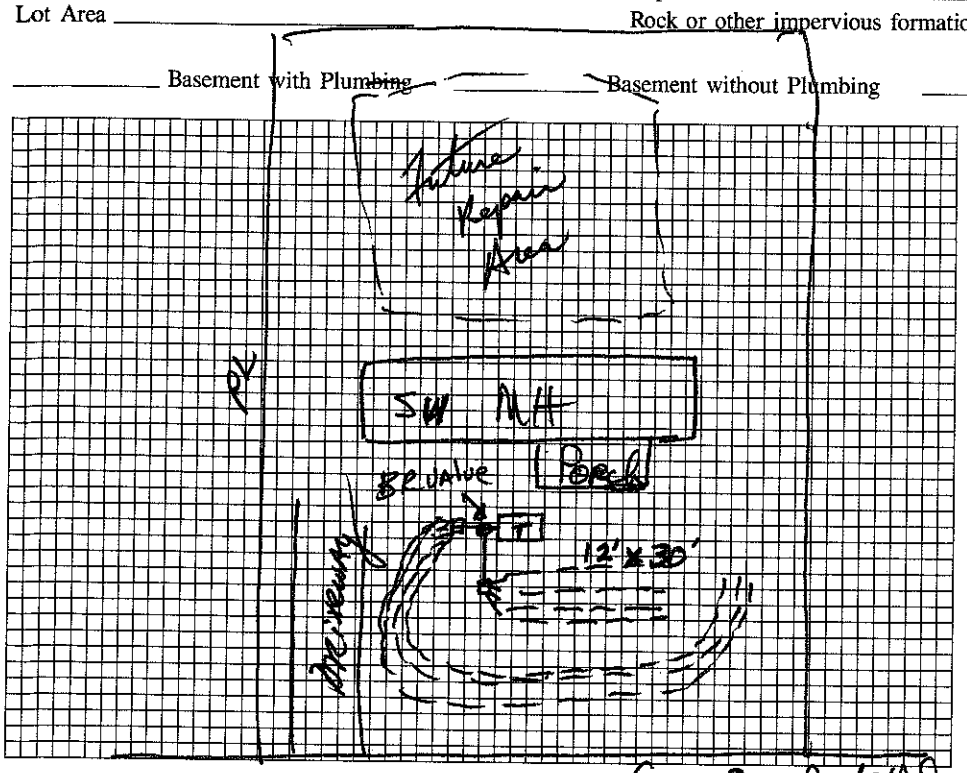
SUBDIVISION NAME Coverview Park LOT NO. 10 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other Repair

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ☐	No ☑	Soil Characteristics ps clay
Auto. Dishwasher	Yes ☐	No ☑	Application Rate .3-.4
Auto. Wash. Machine	Yes ☑	No ☐	Topography 2%
Lot Area			Depth to Water Table 74"
			Rock or other impervious formations None obs

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



Plot of System (Not to Scale) Coverview Park Rd.

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 12'x30' Bed
Sq. Ft. 360 Linear Ft. 120
Depth of Stone in Lines 20"+
Water Supply: Individual ☐
Public ☑ CW

Installed by Larry Beam

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 _____

CERTIFICATE OF COMPLETION BY _____ DATE 3/30/93

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