4645157700

IREDELL COUNTY HEALTH DEPARTMENT

16064 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Ruth Dalton DATE April 1, '93 PERMIT NO. 2GA8C

PHONE: Business _____ Home _____

LOCATION 1206 (Alcove) TR 1108 Bear left on Camino Real
¼ - ½ mile TL "DD" gate at end on right S.R. No. _____

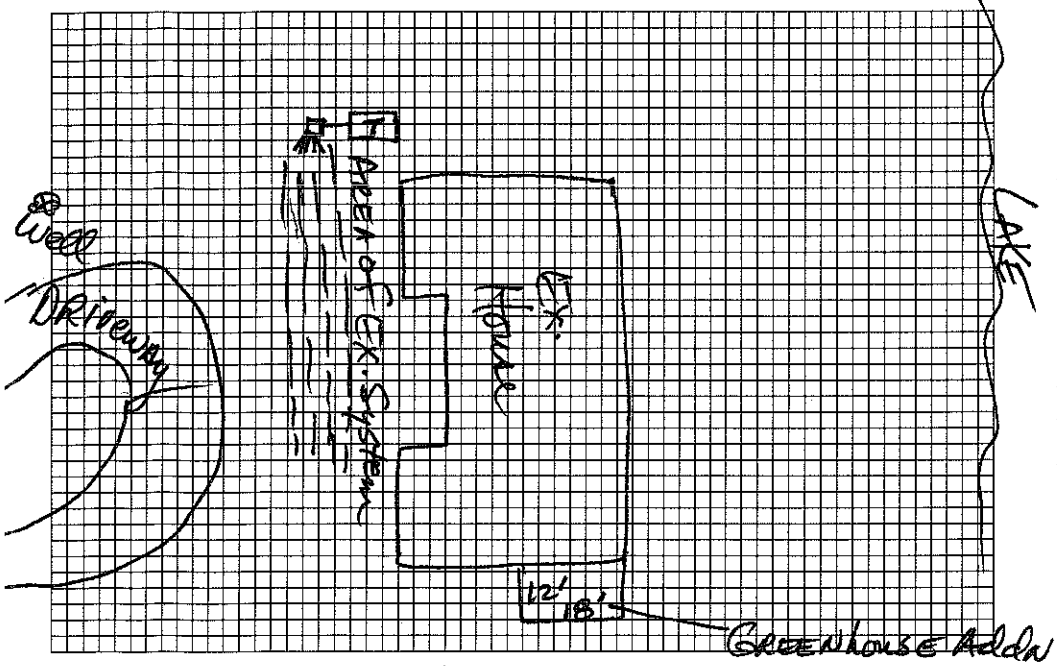
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☐ Business ☐ Other Addition of 12'x18' greenhouse

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ☐ No ☐
Auto. Dishwasher Yes ☐ No ☐
Auto. Wash. Machine Yes ☐ No ☐
Lot Area _____

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 ☐

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.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY D R Hinson IRS DATE 4/1/93

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