IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR BRIAN MARTIN DATE 4-1-93 PERMIT NO. Repair

PHONE: Business 663-1543 Home 663-1433

LOCATION ON NORTH SIDE OF OATES ROAD 1/2 MILE WEST OF Hwy 21
RT 8 Box 914E MOORESVILLE S.R. No. _____

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

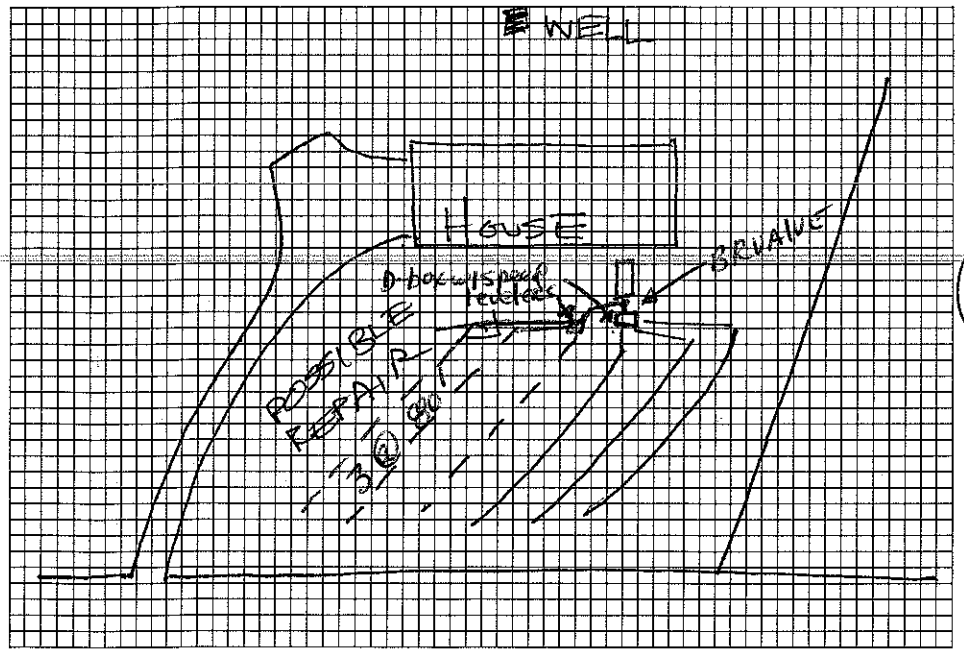
House ☒ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

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 X Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. ~~900~~ Linear Ft. ~~100~~ 240'
Depth of Stone in Lines — 80'ea.
Water Supply: Individual ☒
Public ☐

(I.P. 11-27-85
C.C. 3-4-86
RUSSELL A. BENFIELD)

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 Andrea Leman, RS

COMMENTS CHECK DISTRIBUTION BOX FOR DAMAGE/ OFFSET. ADD SPEED LEVELERS AS NECESSARY. CHECK FOR PLUMBING LEAKS. IF THESE MEASURES DO NOT CORRECT SURFACING, ADDITIONAL LINE WILL BE NEEDED.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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