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IREDELL COUNTY HEALTH DEPARTMENT

14457

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Edward J. Overbee DATE April 13, '92 PERMIT NO. 4C 4A 16

PHONE: Business _____ Home _____

LOCATION 115 N TR 2395 (Mazeppa Rd) TL Woodridge Lane ON right near end S.R. No. _____

SUBDIVISION NAME Woodridge LOT NO. 16 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other Addition of bedroom & den w/ Addition Eliminating small bedroom by enlarging living room

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing (1.5 Ac)

Soil Characteristics _____

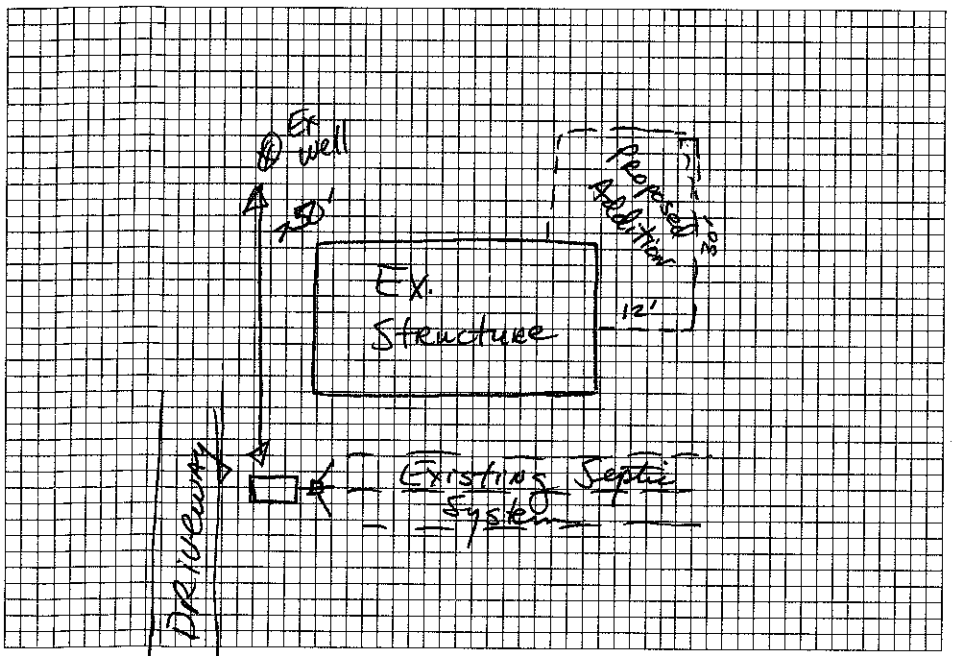
Application Rate _____

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)

Woodridge Lane

Size of Tank Ex. (1000) Gals.

Nitrification Field:

No. of Lines Ex. (3)

Sq. Ft. _____ Linear Ft. (240)

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. Henson, RS. DATE 4/13/92

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