12035

IREDELL COUNTY HEALTH DEPARTMENT

4676-45-3139

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Donna Mahony Hager DATE 3/3/92 PERMIT NO. IH-12-A-69

PHONE: Business _____ Home 664-6987

LOCATION _____

SUBDIVISION NAME Quail Hill S.R. No. _____

LOT NO. 69 SECTION OR BLOCK NO. 4

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 Existing

Soil Characteristics (Pump System) Existing

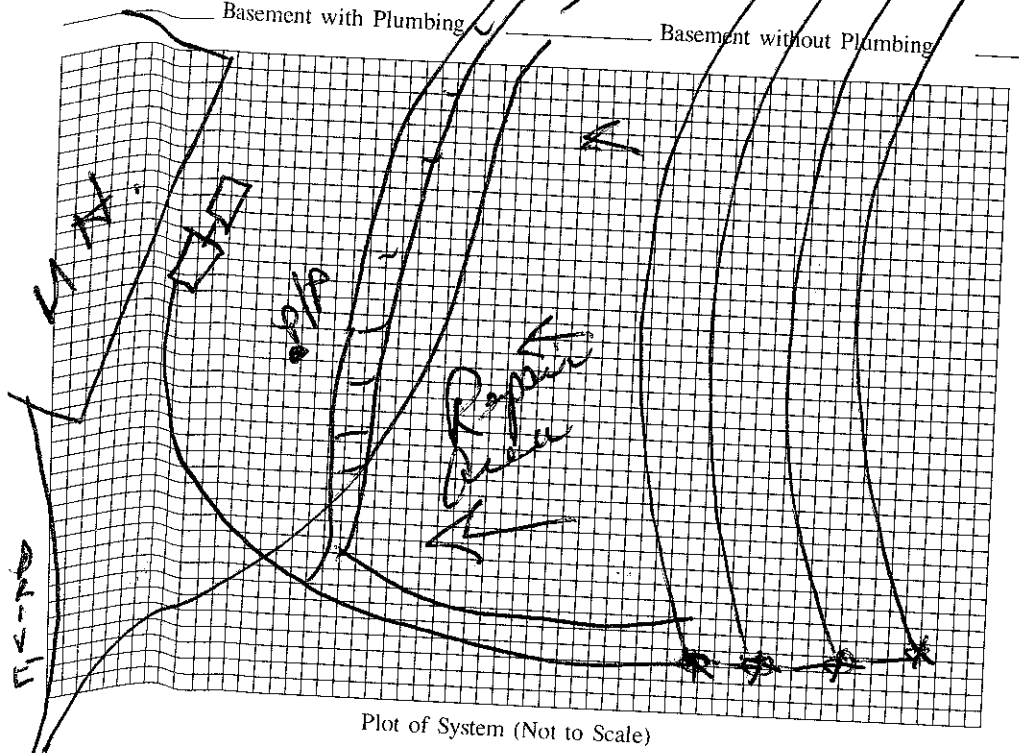
Application Rate _____

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 1000/1600 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines 12"

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 Shows no evidence of malfunction on this date.

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY Wesley Sparks RS. DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE 3/3/92

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