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IREDELL COUNTY HEALTH DEPARTMENT

14037 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT 4676-45-9486

OWNER OR CONTRACTOR Theresa Hammons DATE Feb. 7, '92 PERMIT NO. 1H-A-61/60

PHONE: Business _____ Home _____

LOCATION 1150 (Linwood Rd.) TL 1153 (Brumley) TR 1st entrance to stopsign TR next to last driveway DW left

SUBDIVISION NAME Quail Hill LOT NO. 60 & 61 SECTION OR BLOCK NO. _____ S.R. No. _____

House ☐ Mobile Home ☑ DW Business ☐ Other Replacing SW MH with DW M.H Lot 60 w/ Bldg

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 2.5 Ac

Soil Characteristics _____

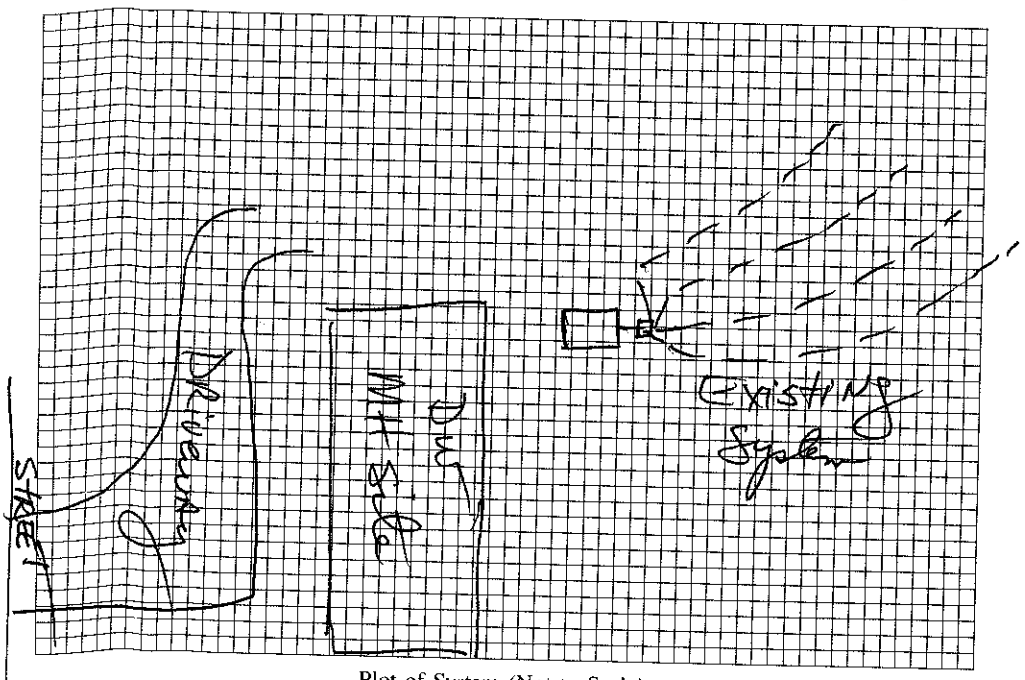
Application Rate _____

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)

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 at time of inspection DW Mobile Home not on site.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY Jerry R. Hunsucker, RS DATE 2-7-92

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