IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR TODD CARPENTER DATE 9-3-92. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Beulah Church Rd. off Old Mtn. Rd. - go onto Mack Mill Rd. - go past Dogwood Farm Rd. - ¼ mi. on R. S.R. No. _____

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

House ☒ Mobile Home ☐ Business ☐ Other Repair - Replacing existing S.T. system.

No. Bedrooms 2 No. Bathrooms 1 Soil Characteristics clayey

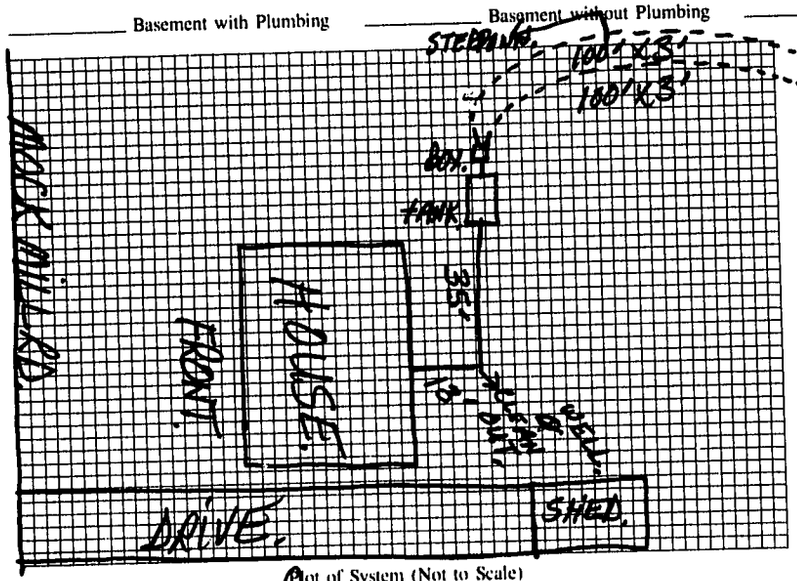
Garbage Disposal Unit Yes ☐ No ☒ Application Rate 4 gal/sq. ft.

Auto. Dishwasher Yes ☐ No ☒ Topography Level

Auto. Wash. Machine Yes ☒ No ☐ Depth to Water Table 18"

Lot Area 1 acre± Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing ☒ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank NEW 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual ☒ Public ☐

Installed by Forest Shuford

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 J. C. Massey

COMMENTS old S.T. system abandoned.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 9-3-92.

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