15197.

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR WADE MORETZ DATE 9-15-92 PERMIT NO. 8M-A-92.

PHONE: Business ____ Home ____

LOCATION Beulah Church Rd. off Old Mtn. Rd. - bear @ at forks & go under I-40 W to 1st mobile home on left. S.R. No. ____

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

House ____ Mobile Home ✓ Business ____ Other ____

No. Bedrooms 2 No. Bathrooms 2 Soil Characteristics EXISTING SEPTIC

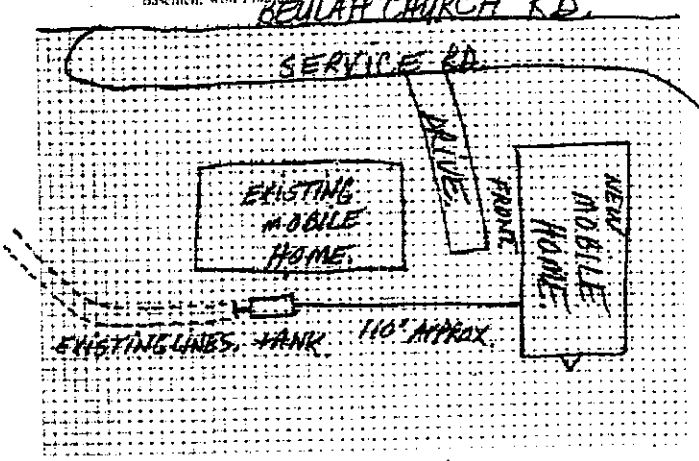
Garbage Disposal Unit Yes ____ No ✓ Application Rate TANK SYSTEM.

Auto. Dishwasher Yes ____ No ✓ Impervious ____

Auto. Washing Machine Yes ____ No ✓ Depth to Water Table ____

Lot Area EXISTING. Rock or other impervious formations ____

Basement with Plumbing ____ Basement without Plumbing ____ No Basement ____ Crawl Space ____



Plat of System (Not to Scale)

Size of Tank EXISTING. Gals.

Satisfaction Field

No. of Lines ____

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 [signature]

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY ____

COMMENTS Existing septic tank system functioning properly at the time of inspection. Existing mobile home to be removed from premises upon completion of set up of new mobile home.

CERTIFICATE OF COMPLETION BY ____ DATE ____

EXISTING SYSTEM CHECKED BY Steve Brown DATE 9-15-92.

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

JAN. 4, 1989 0:56