Repair

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR H. W. & Pauline Southerland DATE 3-10-93 PERMIT NO. Repair

PHONE: Business _____ Home _____

LOCATION I 40 W TR Old Mtn. Rd. TL Mt. Herman Ch. Rd., 1st Brick house on L S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Ample

Soil Characteristics _____

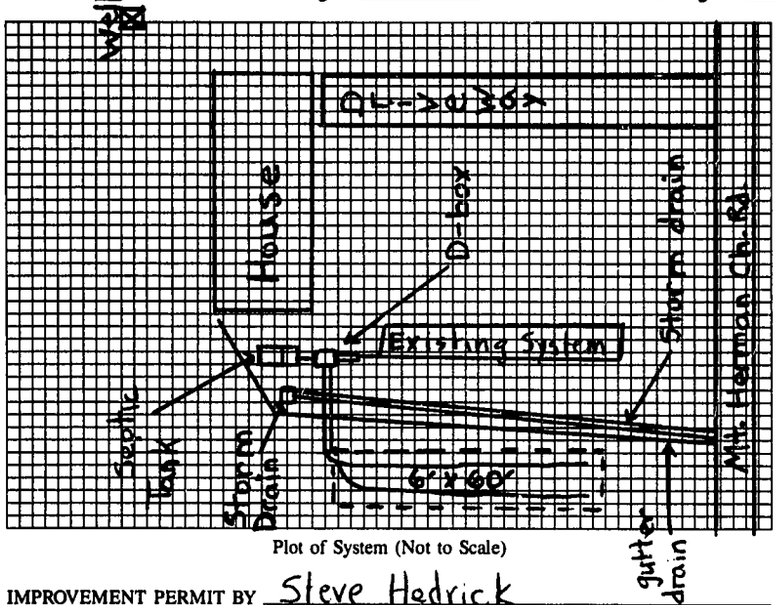
Application Rate _____

Topography Repair

Depth to Water Table _____

Rock or other impervious formations _____

✓ Basement with Plumbing 1 Basement without Plumbing _____ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 3160 Linear Ft. 60'

Depth of Stone in Lines 18"

Water Supply: Individual ☑ well

Public ☐

Installed by AAA Enterprises

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 Steve Hedrick

COMMENTS Sanitary Tee replaced. Fed repair lines first, Continuous flow into tank, need to check for leaks inside. Gutter drains need to be piped off.

CERTIFICATE OF COMPLETION BY Michael Q. Dennis DATE 3-10-93

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