IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Alvin Beam DATE 6/24/92 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I40 W, Rt on Old Mtn, Rock Hse immediately past Mt Herman Baptist Church S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other Repair

No. Bedrooms _____ No. Bathrooms _____

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 _____ Basement without Plumbing ✓ No Basement L Crawl Space

System installed exactly as shown on 5/29/92 Improvements Permit by TSB.

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1 0

Sq. Ft. 300 Linear Ft. 100

Depth of Stone in Lines 12

Water Supply: Individual ☐ Public ☑

+1½ Ton Trench at end.

27 Ton total.

Installed by Dennis Gollihen

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.)

Plot of System (Not to Scale)

IMPROVEMENT PERMIT BY Steve Brown

COMMENTS _____

CERTIFICATE OF COMPLETION BY _____ DATE 6/24/92

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