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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR ROY L. LITTLE DATE 6-25-92. PERMIT NO. SM-B-17.

PHONE: Business _____ Home _____

LOCATION Mock Mill Rd. off Old Mtn. Rd. - 6th dwelling on (R). (Approx. 1/2 mi.).

S.R. No. _____

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

House [✓] Mobile Home [ ] Business [ ] Other Addition of bedroom + bath.

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes [ ] No [ ]

Auto. Dishwasher Yes [ ] No [✓]

Auto. Wash. Maching Yes [✓] No [ ]

Lot Area .67 acres.

Soil Characteristics _____

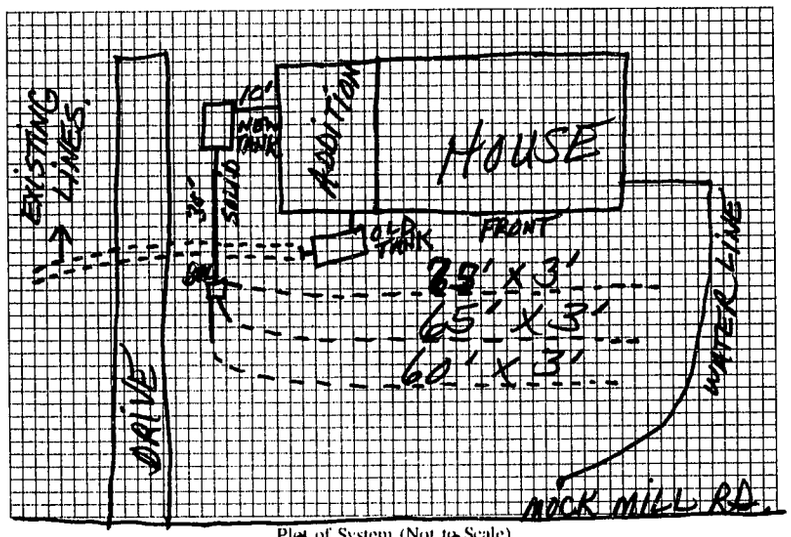
Application Rate _____

Topography Repair.

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 ADD 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual [ ] Public [✓]

Installed by Esker Elder

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 Brown

COMMENTS Waterline has been changed + altered. Washing Machine to be connected to existing S.T. system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-25-92.

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