IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15496

OWNER OR CONTRACTOR ELIZABETH ANN BLACKBURN DATE 11/24/92 PERMIT NO. ST-A-26

PHONE: Business _____ Home _____

LOCATION NC 90 W, TL LIPPARD FARM ROAD, TL MASSEY DEAR ROAD, 4TH MH ON (R) S.R. No. _____

SUBDIVISION NAME MASSEY DEAL PARK LOT NO. 5 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ S/W Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area LIMITED

Soil Characteristics EXISTING

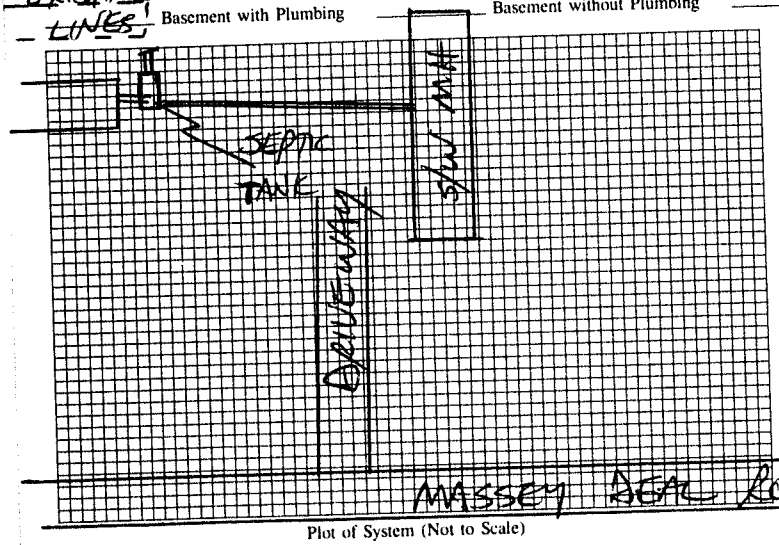
Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

EXISTING LINES Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space _____



Plot of System (Not to Scale)

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines EXISTING

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Line _____

Water Supply: Individual ☑ WELL

Public ☐

Installed by _____

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

LIPPARD FARM ROAD

IMPROVEMENT PERMIT BY _____

COMMENTS ① MH NOT ON SITE AT TIME of INSPECTION

② KEEP MH MINIMUM 5' FROM SYSTEM

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY STEVE HODRICK DATE 11/24/92

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