IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

REPAIR

OWNER OR CONTRACTOR DAVID MILLSAPS DATE 10/20/92 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION ISLAND FORD ROAD WEST, TR LIPPARD FARM ROAD, 1.2 MILES ON (R) AT MASSEY-DEAL ROAD S.R. No. _____

SUBDIVISION NAME MASSEY DEAL MHP LOT NO. 1 & 2 SECTION OR BLOCK NO. _____

House ☐ 2 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 _____

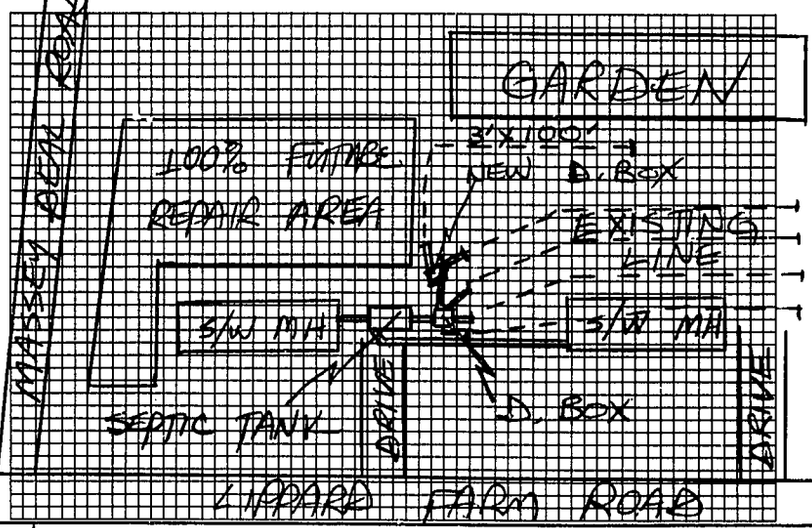
Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations REPAIR

_____ Basement with Plumbing _____ Basement without Plumbing ___1___ No Basement ___✓___ Crawl Space



Plot of System (Not to Scale)

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 300 Linear Ft. 100

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by A-1 BACKHOE

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 ① SEPTIC TANK PUMPED 10/19/92.
② NEW S. BOX INSTALLED AT LOCATION SHOWN.
③ EXISTING NITRIFICATION LINES APPEAR TO BE LOCATED UNDER MH.
④ FUTURE REPAIR CONSISTS OF SEPERATING MH'S INTO INDIVIDUAL SYSTEMS.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 10/20/92

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