14181.

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR JOHNNY LEE IRELAND DATE 3-3-92. PERMIT NO. 8T-A-26.

PHONE: Business _____ Home _____

LOCATION T.R.y on Lippard Farm Rd. off Deland Ford Rd. - go approx. 1.5 miles on R - front lot of MHP. S.R. No. _____

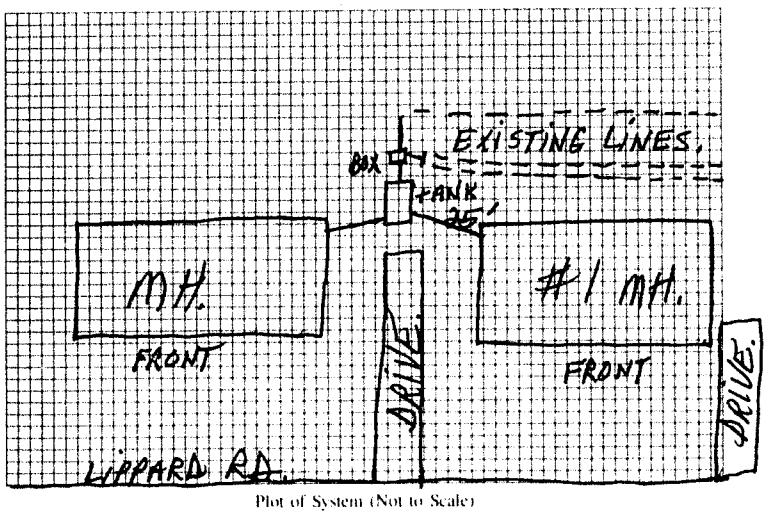
SUBDIVISION NAME MABSEY DEAL MHP. LOT NO. 1 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ☐	No ☐	Soil Characteristics	EXISTING SEPTIC
Auto. Dishwasher	Yes ☐	No ☐	Application Rate	
Auto. Wash. Machine	Yes ☐	No ☐	Topography	
Lot Area EXISTING.			Depth to Water Table	TANK SYSTEM.
			Rock or other impervious formations	

_____ Basement with Plumbing _____ Basement without Plumbing ☑ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank EXISTING. Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ☐ 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.)

IMPROVEMENT PERMIT BY _____

COMMENTS Existing septic tank system functioning properly at the time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY Steve Brown DATE 3-3-92.

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