IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Dan & Ruby Reynolds DATE 6/24/92 PERMIT NO. Repair

PHONE: Business _____ Home _____

LOCATION 90 W, On Rt before Lackey Farm Road, Across from Old Drapery Shop S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area _____

Soil Characteristics _____

Application Rate Existing

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

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

Installed exactly as shown. Diversion ditch not in place at time of inspection. Barry Sigmon confirms will dig diversion ditch and will pipe dtr broken gutter drain in area of tank.

Plot of System (Not to Scale)

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 6'x100' bed

Sq. Ft. 600' Linear Ft. 100' of bed

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by AAA Enterprises

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 RSH

COMMENTS Install diversion ditch accord to permit. Pipe dtr gutter drain in tank area.

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