IREDELL COUNTY HEALTH DEPARTMENT

REPAIR IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR DAN & RUBY REYNOLDS DATE 6/10/92 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 90 W, ON (R) JUST BEFORE LACKEY FARM ROAD AND 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 _____

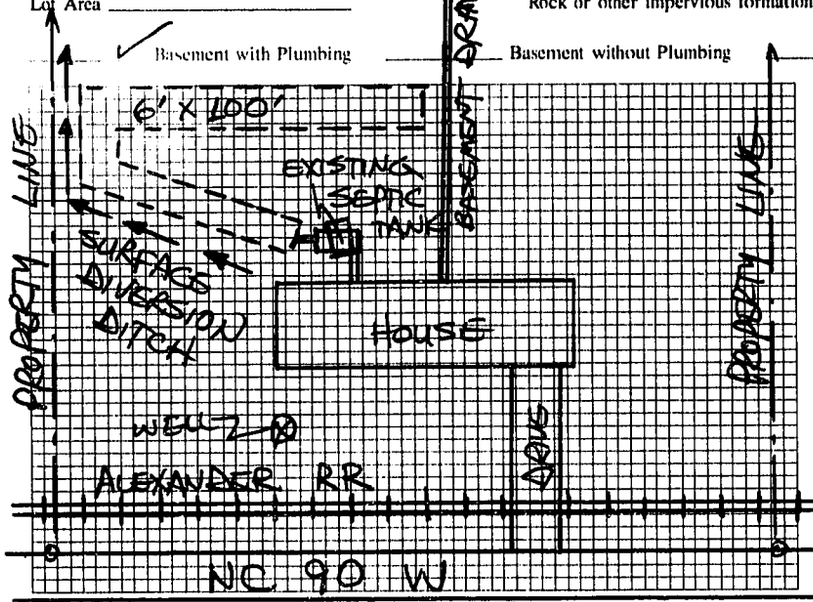
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

EXISTING

[✓] 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 1 6'X100' BED

Sq. Ft. 600 Linear Ft. 100

Depth of Stone in Lines 12"

Water Supply: Individual [✓] Public [ ]

Installed by _____

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: D. H. Reynolds

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY STEVE HEDRICK

COMMENTS ① INSTALL NEW 6'X100' BED AT LOCATION SHOWN.
② INSTALL NEW SANITARY 'TEE' IN TANK.
③ CONSTRUCT SURFACE DIVERSION DITCH AT LOCATION SHOWN TO CARRY WATER AROUND SYSTEM.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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