IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

REPAIR

OWNER OR CONTRACTOR RUTH HEDRICK DATE 4/23/93 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 90 W, 3RD HOUSE ON (L) PAST ODELL ROAD

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 AMPLE

Soil Characteristics _____

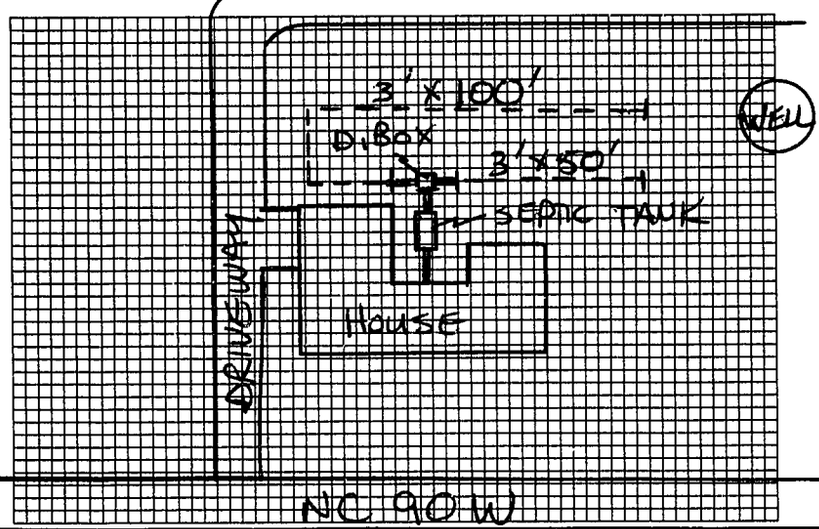
Application Rate _____

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 2

Sq. Ft. 450 Linear Ft. 150

Depth of Stone in Lines 18"

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 HEDRICK

COMMENTS (1) SEPTIC TANK PUMPED-OUT / NEW SANITARY "TEE" INSTALLED
(2) REROUTE WATER LINE TO HOUSE, MINIMUM 10' FROM SYSTEM
(3) WASHER DRAIN MUST DISCHARGE INTO SEPTIC TANK.
(4) PIPE GUTTER DRAINS AWAY FROM SYSTEM

CERTIFICATE OF COMPLETION BY STEVE HEDRICK 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