IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR MAX HENDERSON DATE 3-25-92. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90 W-T.L. on Snowbird Loop - go around curve + double wide on left.

SUBDIVISION NAME: _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S.R. No. _____

DOUBLEWIDE

House [ ] Mobile Home [✓] Business [ ] Other Repair.

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes [ ] No [✓]

Auto. Dishwasher Yes [✓] No [ ]

Auto. Wash. Machine Yes [✓] No [ ]

Lot Area Ample.

Soil Characteristics _____

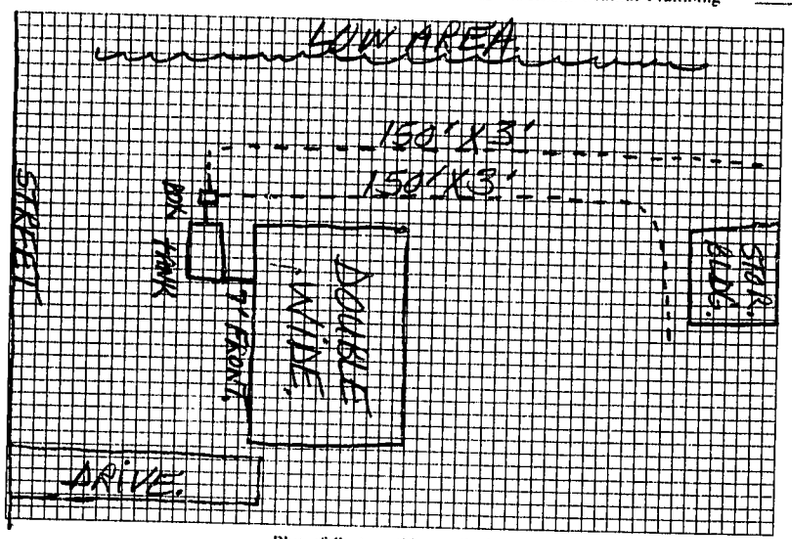
Application Rate _____

Topography _____

Depth to Water Table Repair.

Rock or other impervious formations _____

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



Plan of System (Not to Scale)

Size of Tank NEW 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by James Hudler

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 Old S.T. system abandoned.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 3-25-92.

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