REPAIR

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR STEVE MORRISON DATE 5/28/93 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL SCOTTS CREEK ROAD, ON (R) ~ 1 MILE BEFORE NC 90 W S.R. No. _____

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

House ☐ Mobile Home ☑ S/W Business ☐ Other PLANNED FOR FUTURE 3BR HOUSE

No. Bedrooms 2 No. Bathrooms 1 Soil Characteristics PS

Garbage Disposal Unit Yes ☐ No ☑ Application Rate 0.40 GPD / FT²

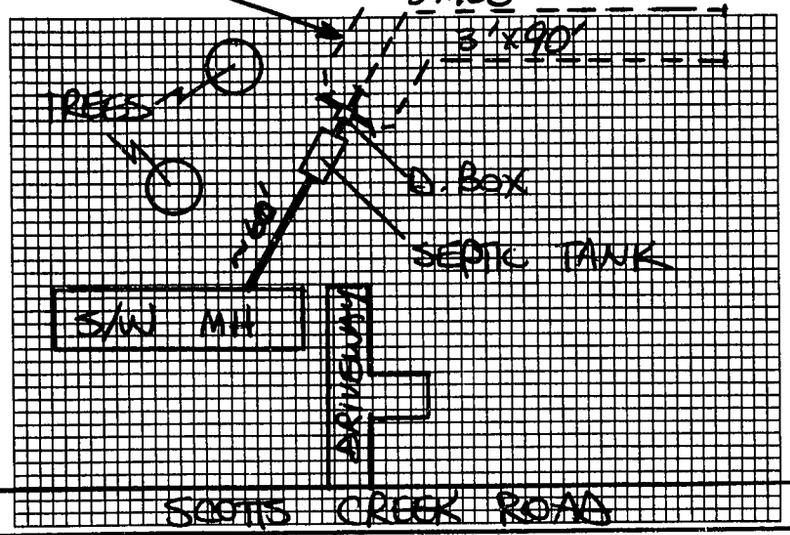
Auto. Dishwasher Yes ☑ No ☐ Topography 2-4% RIDGE

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table >4'

Lot Area AMPLE Rock or other impervious formations NONE

WELL >50'

_____ Basement with Plumbing 3'x110' 3'x100' Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12

Water Supply: Individual ☑ WELL

Public ☐

Installed by JAMES HUALER

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 _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 5/28/93

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