IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR STEVE MORRISON DATE 4/7/93 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION NC115N, TL SCOTTS CREEK ROAD, ON (R) ~ 1 MI BEFORE NC90. S.R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 1 Soil Characteristics REPAIR AREA PS

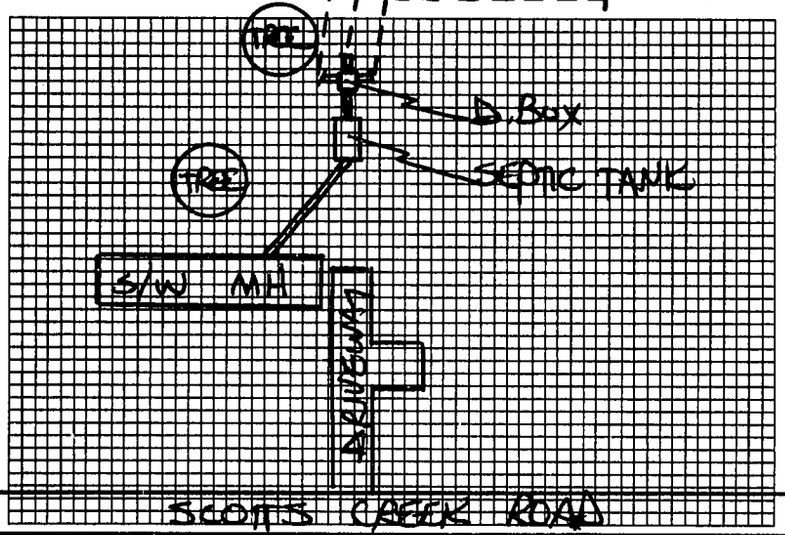
Garbage Disposal Unit Yes ☐ No ☐ Application Rate 0.40 GPD/FT²

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

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

Lot Area 3'X110' / 3'X100' / 3'X90' Rock or other impervious formations NONE

_____ Basement with Plumbing _____ 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 _____

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

Signed: Steve Morrison

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

IMPROVEMENT PERMIT BY STEVE HEDRICK

COMMENTS ① KEEP SYSTEM MINIMUM 5' FROM MH, 10' FROM PROPERTY LINE, 50' FROM EXISTING WELL ② INSTALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' APART ON CENTER ③ REPAIR AREA IS 100% CONVENTIONAL, GRAVITY-FED.

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