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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR EDMOND P. GENTLE JR. DATE 7-14-92. PERMIT NO. 36-1-A-26.

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd. west - T.L. on Eupola Rd. at Paradise Acres - go approx. one mile on (R) - 2nd lot on (R) past Amber Lane. S.R. No. _____

SUBDIVISION NAME - _____ LOT NO. 33/34, SECTION OR BLOCK 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 _____

Soil Characteristics _____

Application Rate _____

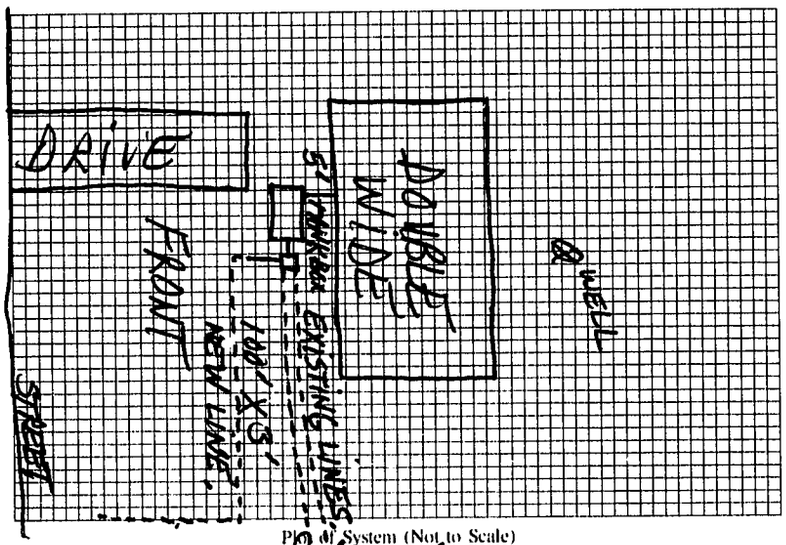
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Repair.

_____ 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

Sq. Ft. 300 Linear Ft. 100

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☐

Installed by J.C. Forsyth

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 Additional drain line added to accomodate 3 bedr. Doublewide. Tank pumped.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 7-14-92.

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