Repair

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Joe Troutman DATE 4-28-93 PERMIT NO. Repair

PHONE: Business 872-6556 Home 528-6666

LOCATION I40 W TL Old Mtn. Rd. TR Buffalo Shoals Rd TL Dawnwood Lane Lot on L after first curve to R. S.R. No. ____

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

House ☑ Mobile Home ☐ Business ☐ Other ____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Ample

Soil Characteristics Existing

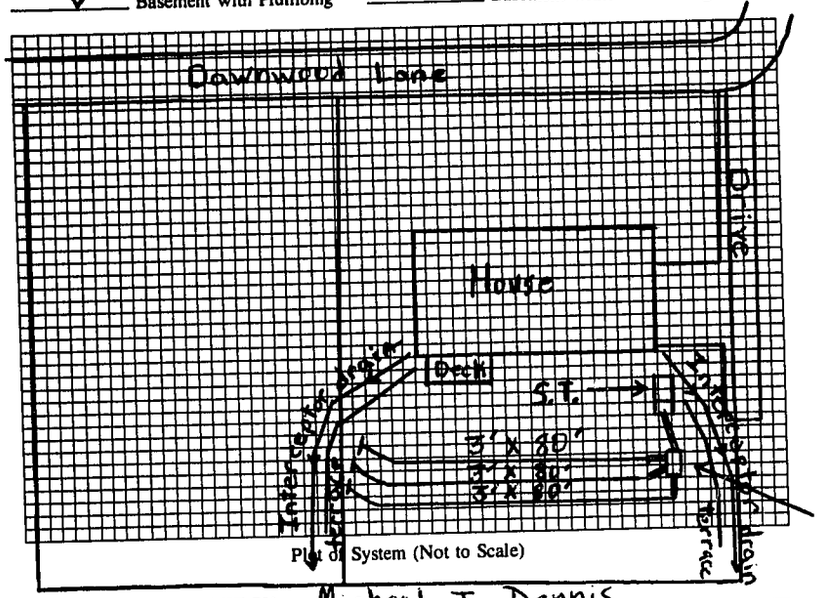
Application Rate ____

Topography ____

Depth to Water Table ____

Rock or other impervious formations ____

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



Plot of System (Not to Scale)

Size of Tank Existing 1000 Gals.

Nitrification Field:

No. of Lines Existing 3

Sq. Ft. 700 Linear Ft. 240'

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by ____

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 Michael J. Dennis

COMMENTS Installed Interceptor drain around system. Also put terrace on back side of Interceptor drain to re-route surface water.

CERTIFICATE OF COMPLETION BY Michael J. Dennis DATE 4-28-93

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