IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

REPAIR RICHART SWEET 4

OWNER OR CONTRACTOR STEVE GOETZ DATE 12/7/92 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION I-40 W, TL NC 90, CONTINUE ONTO GARNER BAGNEL BLVD, TR WOOTEN DRIVE, TL CRAIG ST, AT END ACROSS CRAIG ST. Sub. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

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 EXISTING

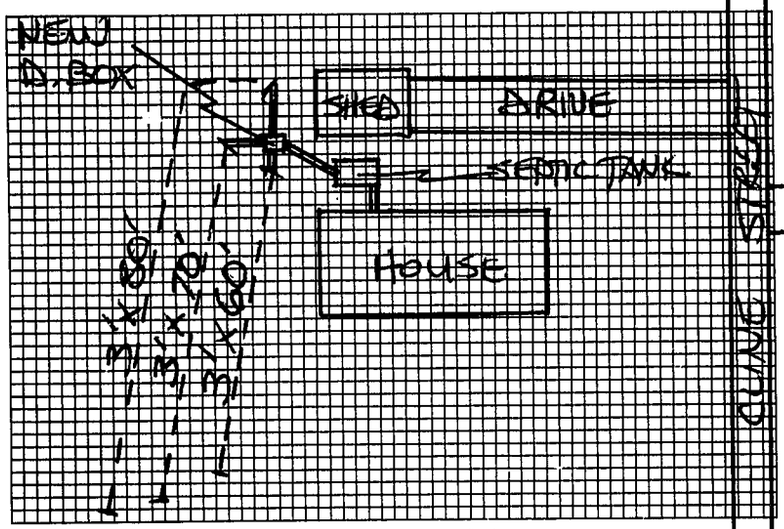
Application Rate _____

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 Gals

Nitrification Field:

No. of Lines 3

Sq. Ft. 630 Linear Ft. 210

Depth of Stone in Lines 18"

Water Supply: Individual ☐ Public ☑ CRAIG STREET

Installed by JAMES HUNTER

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 (1) TANK WAS PUMPED 12/7/92 (2) SANITARY "TEE" INSTALLED (3) NEW D. BOX INSTALLED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 12/7/92

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