IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Gene Russell DATE 6/24/92 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 90 W, At Corner of Kay Lane & Hwy 90 W

S.R. No. _____

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

House [✓] Mobile Home [ ] Business [ ] Other _____

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes [ ] No [ ]

Auto. Dishwasher Yes [ ] No [✓]

Auto. Wash. Machine Yes [✓] No [ ]

Lot Area Ample

Soil Characteristics _____

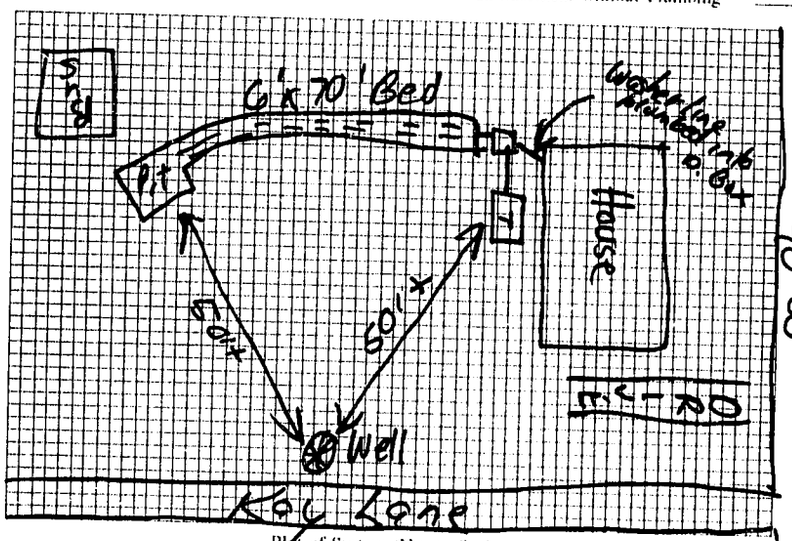
Application Rate _____

Topography Repair to Exist

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 Exist Gals.

Nitrification Field:

No. of Lines 6'x 70' Bed

Sq. Ft. 420 ft² Linear Ft. 70' bed

Depth of Stone in Lines 12"

Water Supply: Individual [✓] Public [ ]

Installed by A-1 Backhoe

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 TSB

COMMENTS _____

CERTIFICATE OF COMPLETION BY _____ DATE 6/24/92

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 to 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