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# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR THOMAS W. FOX DATE 5-27-92. PERMIT NO. 9D-11A-35.

PHONE: Business _____ Home _____

LOCATION Hwy 90 W-T.R. on Grayson Rd.-go out to MHP + T.R. on 2nd street + go 200 yards on R. (21A) S.R. No. _____

SUBDIVISION NAME GRAYSON MHP. LOT NO. 35. SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2 Soil Characteristics _____

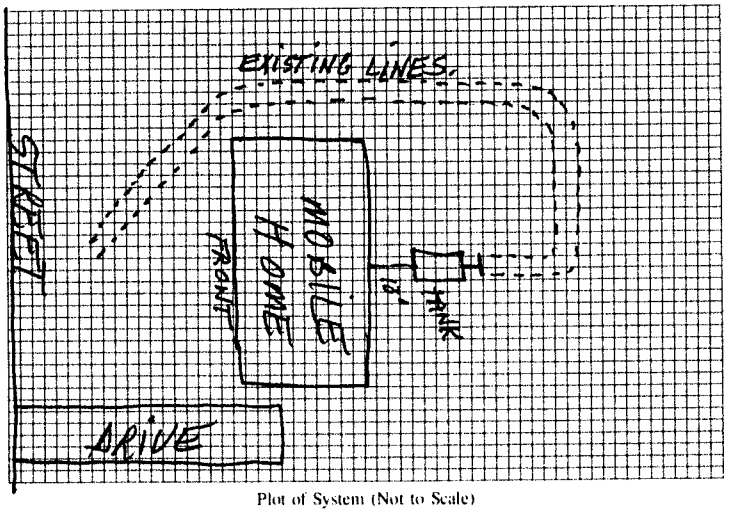
Garbage Disposal Unit Yes ☐ No ☑ Application Rate EXISTING SEPTIC

Auto. Dishwasher Yes ☐ No ☑ Topography _____

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table TANK SYSTEM.

Lot Area EXISTING. 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 _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

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 _____

COMMENTS Existing septic tank system functioning properly at the time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY Steve Brown DATE 5-27-92.

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