REPAIR

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR EFFIE ELDRIDGE DATE 1/26/93 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR MONTICELLO DRIVE, TR WHISPERING PINES DRIVE, LAST BRICK HOUSE ON RIGHT 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 _____

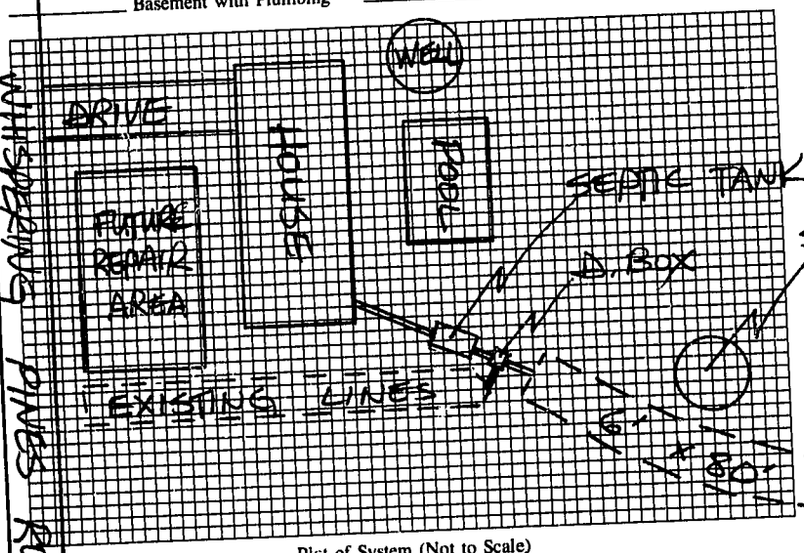
Application Rate _____

Topography _____

Depth to Water Table 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 1

Sq. Ft. 480 Linear Ft. 80

Depth of Stone in Lines 18"

Water Supply: Individual ☐ Public ☑

SATTELITE DISH

Installed by DONALD LACKEY

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 FUTURE REPAIR CONSISTS OF SETTING WASHER BOX & INSTALLING NEW LINES IN FRONT YARD, CONVENTIONALLY GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 1/26/93

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