IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

REPAIR

OWNER OR CONTRACTOR JOHNNY MOTON DATE 5/18/91 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR MONTICELLO DRIVE, TL MILLER FARM ROAD, 8TH HOUSE ON (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 LIMITED

Soil Characteristics _____

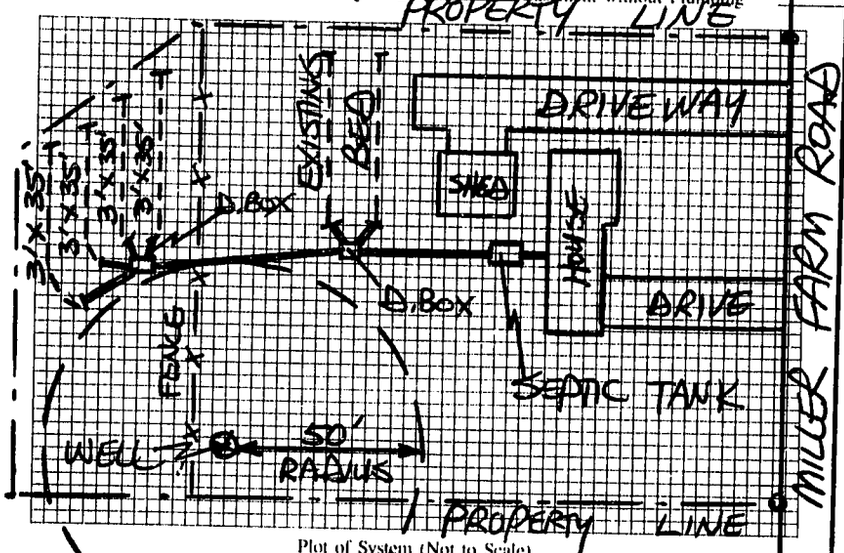
Application Rate _____

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 _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual [✓] WELL

Public [ ]

Installed by J.C. 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 STEVE HEDRICK

COMMENTS ① NEW SANITARY 'T' INSTALLED IN TANK ② TANK PUMPED ③ TWO NEW D. BOXES INSTALLED, ④ FUTURE REPAIR MAY REQUIRE ABANDONMENT OF WELL & USING PUBLIC WATER AVAILABLE AT ROAD.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 5/18/92

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