IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

REPAIR

OWNER OR CONTRACTOR LONNIE WELLMAN DATE 4/23/93 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL COACHMAN LOOP, TL MIDWAY ROAD, TR MIDWAY PARK (PRIVATE), 1ST (H) ON (R) S.R. 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 _____

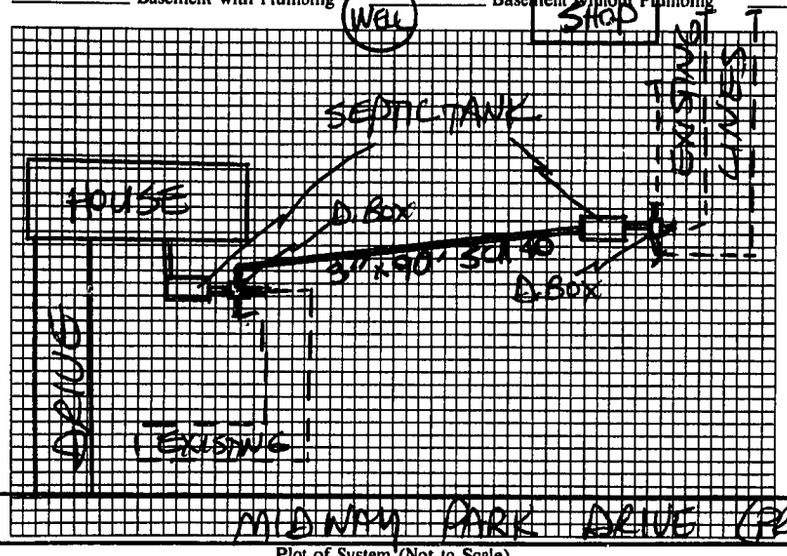
Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations EXISTING

_____ 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 EXISTING

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ☑ WELL

Public ☐

Installed by BARRY SIGMON

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 SYSTEM REPAIRED BY TYING INTO EXISTING, UNUSED SEPTIC SYSTEM

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 4/23/93

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