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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR James D. Elliott DATE 6-24-92 PERMIT NO. 9m-A-13

PHONE: Business _____ Home _____

LOCATION NC 115 N TL Weston Road, on (L) Before Beckham Rd. S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 1 1/2 Soil Characteristics PS

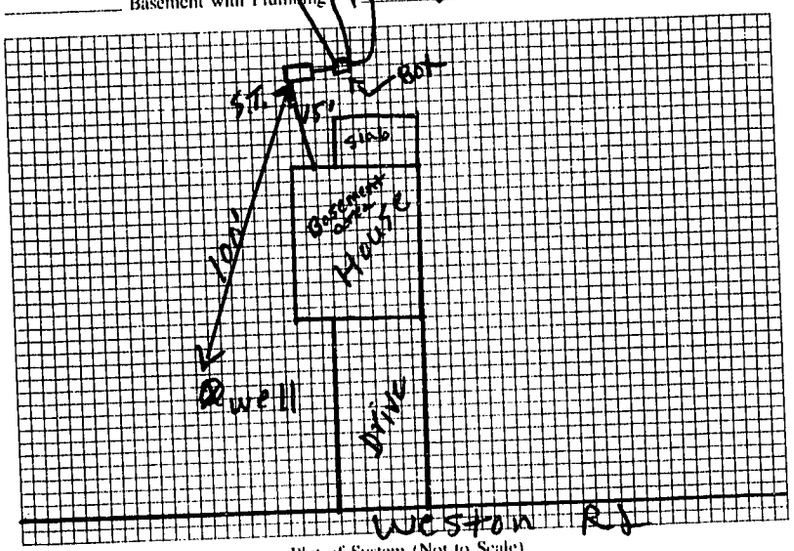
Garbage Disposal Unit Yes ☐ No ☐ Application Rate .35 gal/ss' / day

Auto. Dishwasher Yes ☑ No ☐ Topography 4+0 670 NS

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table >4'

Lot Area 2 acre Rock or other impervious formations none

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 690 Linear Ft. 230

Depth of Stone in Lines 12"

Water Supply: Individual ☑

Public ☐

Installed by Tom Hartness

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 _____

CERTIFICATE OF COMPLETION BY L. C. Moore 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 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