IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

REPAIR

OWNER OR CONTRACTOR EVERETT R. PHILLIPS DATE 10/30/92 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 115 N, TR CRIDER ROOM, BEAR (R), 1ST DRIVE ON (L), 2ND HOUSE ON (L)

SUBDIVISION NAME _____ S.R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other REPAIR

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area > 1 AC

Soil Characteristics _____

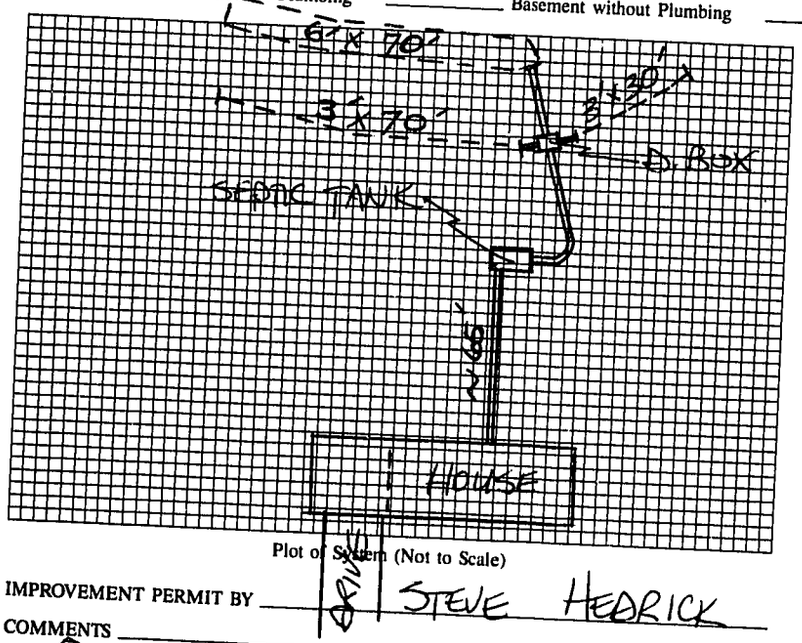
Application Rate EXISTING

Topography _____

Depth to Water Table _____

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 3

Sq. Ft. 720 Linear Ft. 190

Depth of Stone in Lines 12" +

Water Supply: Individual ☑ WELL

Public ☐

Installed by A-1 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 D. BOX INSTALLED AT LOCATION SHOWN.
② NEW 6'X70' BED & 2 - 3'X70'/30' TRENCHES INSTALLED, AS SHOWN. ③ TANK PUMPED - SANITARY TEE IN GOOD SHAPE.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK

EXISTING SYSTEM CHECKED BY _____ DATE 10/30/92

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

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