Repair

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Mike Brewer DATE 4-23-93 PERMIT NO. Repair

PHONE: Business _____ Home 528-4968

LOCATION From Trautman take Perth Rd. TL Autumn Leaf Rd. White DW MH on L (approx 1 mile on L) S.R. No. _____

SUBDIVISION NAME NA 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 3±0 acre

Soil Characteristics Existing

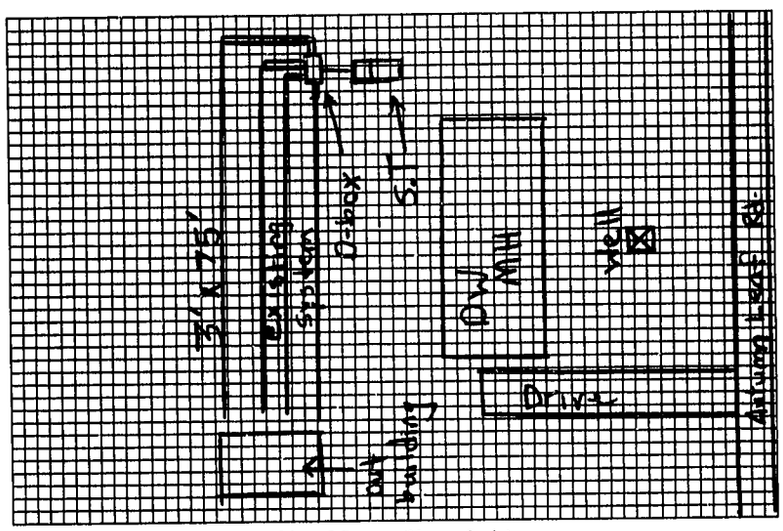
Application Rate _____

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 1

Sq. Ft. 225 Linear Ft. 75'

Depth of Stone in Lines 12"

Water Supply: Individual ☑ well

Public ☐

Installed by Keany Pearson

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 Michael J. Dennis

COMMENTS Repaired system due to the placement of the out building (foundation cut thru lines.).

CERTIFICATE OF COMPLETION BY Michael J. Dennis 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