Repair

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Judy F. Reid DATE 5-17-93 PERMIT NO. Repair

PHONE: Business _____ Home 528-3842

LOCATION Hwy 21S to Troutman - TR. on Goodman Rd. TL on Lytton St. house on corner on R. S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms _____

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Ample

Soil Characteristics Existing

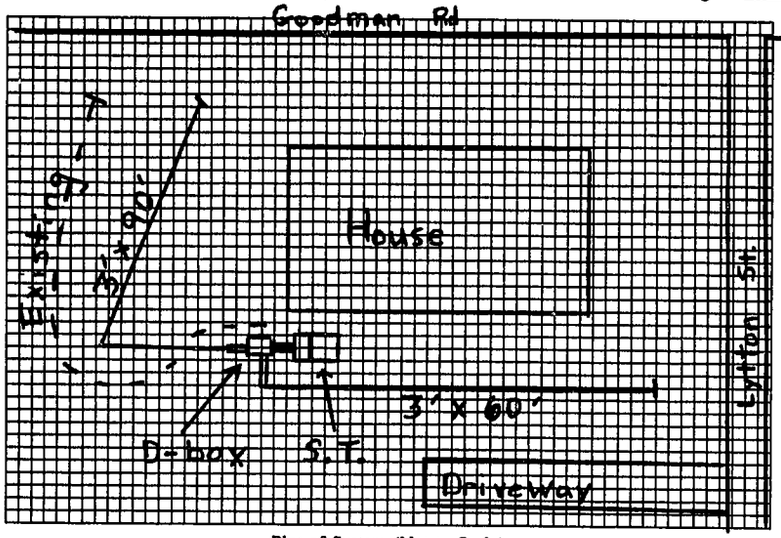
Application Rate _____

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 2

Sq. Ft. 450 Linear Ft. 150'

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑ City H2O

Installed by AAA Enterprises.

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 Brown

COMMENTS Installed new Sanitary Tee.

Installed Washing machine drain and sink drain into septic tank. (7-15-93)

CERTIFICATE OF COMPLETION BY Michael O. Dennis DATE 5-17-93

EXISTING SYSTEM CHECKED BY _____ DATE 7-15-93

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