16228

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR John Crawford DATE 4-22-93 PERMIT NO. 6B-6

PHONE: Business ______ Home ______

LOCATION 21 S TL Cumberland Rd TL Water Trough Rd 2nd MH on left S.R. No. ______

SUBDIVISION NAME Sable Point LOT NO. 10 SECTION OR BLOCK NO. ______

House ☐ Mobile Home ☑ Business ☐ Other Replacing Ex. MH

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 1/2 acre +

Soil Characteristics ______

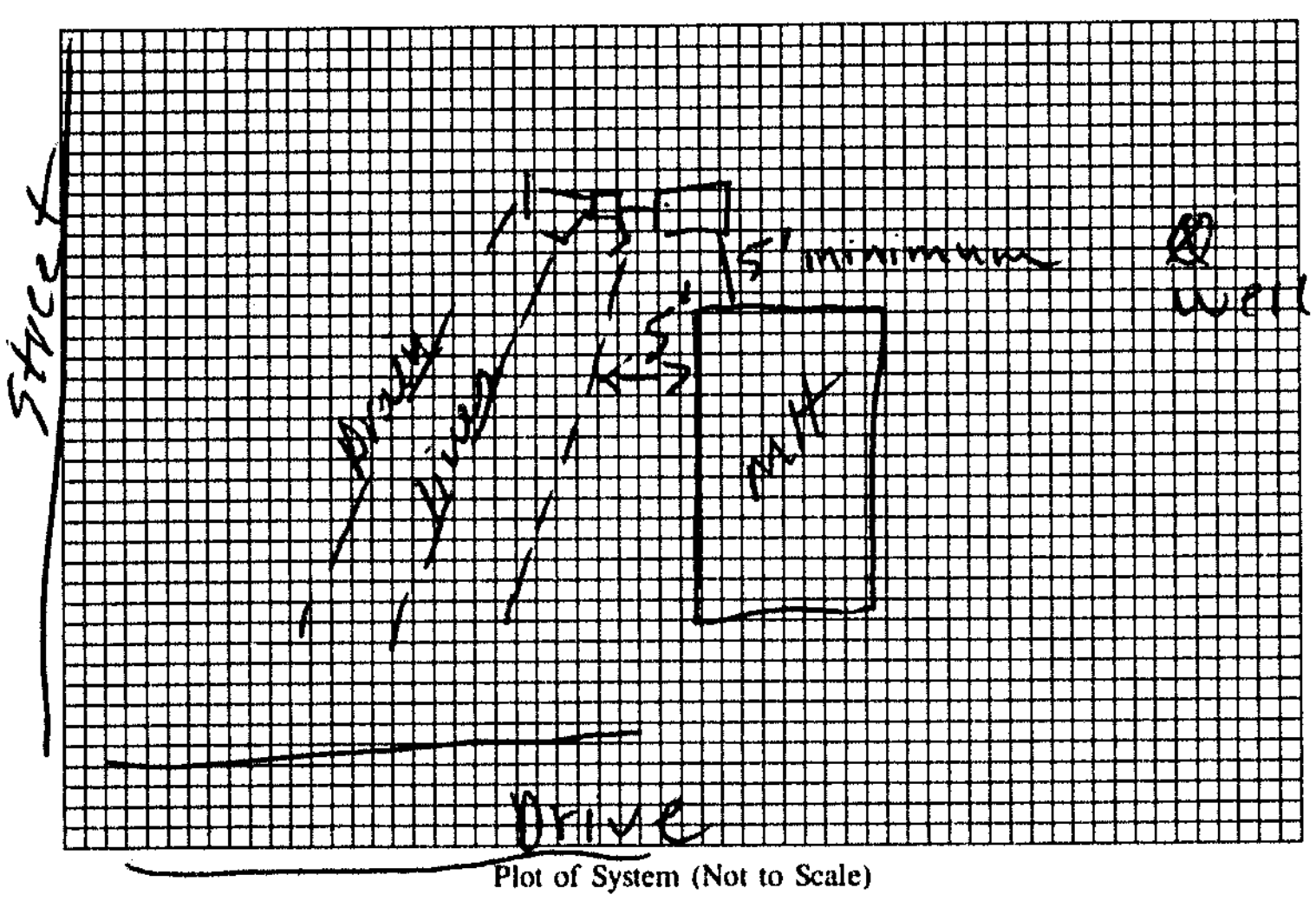
Application Rate ______

Topography ______

Depth to Water Table ______ Ex System

Rock or other impervious formations ______

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement ______ Crawl Space




Plot of System (Not to Scale)

Size of Tank ______ Gals.

Nitrification Field:

No. of Lines ______

Sq. Ft. ______ Linear Ft. ______

Depth of Stone in Lines ______

Water Supply: Individual ☐

Public ☐

Installed by ______

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 ______

COMMENTS ______

CERTIFICATE OF COMPLETION BY ______ DATE ______

EXISTING SYSTEM CHECKED BY D. C. Moore DATE 4-22-93

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