IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Henry Russ DATE 7-17-92 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 215 TL moose club Rd TL SKyuka 1st Brick Hse on left.

SUBDIVISION NAME _____ S.R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other Repair

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area _____

Soil Characteristics Clayey

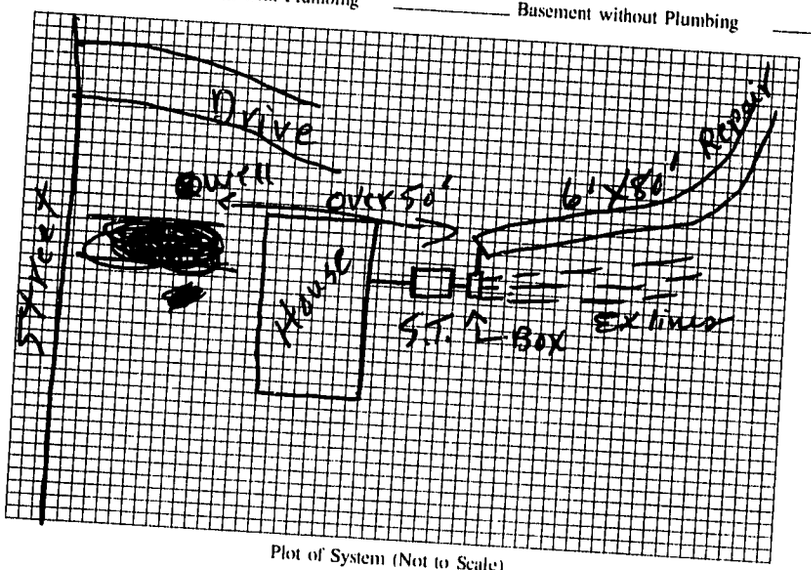
Application Rate 1.4

Topography Ex. 2+0670

Depth to Water Table 10'+

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 Ex Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 480 Linear Ft. 160'

Depth of Stone in Lines 12"

Water Supply: Individual ☑

Public ☐

Installed by J.C. Forsyth

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 R.C. moore

COMMENTS Stop all Plumbing leaks
Smooth + sow Grass Seed over S.T. System

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY R.C. moore DATE 7-17-92

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