## IREDELL COUNTY HEALTH DEPARTMENT

### IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

REPAIR

OWNER OR CONTRACTOR BARBARA DAVIDSON DATE 12/1/92 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL OLD WILKSBORO ROAD, TR NORTHMONT ROAD, TL GAYMONT ROAD, HOUSE AT END ON (R) S.R. No. _____

SUBDIVISION NAME NORTHMONT LOT NO. 83 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 AMPLE

Soil Characteristics EXISTING

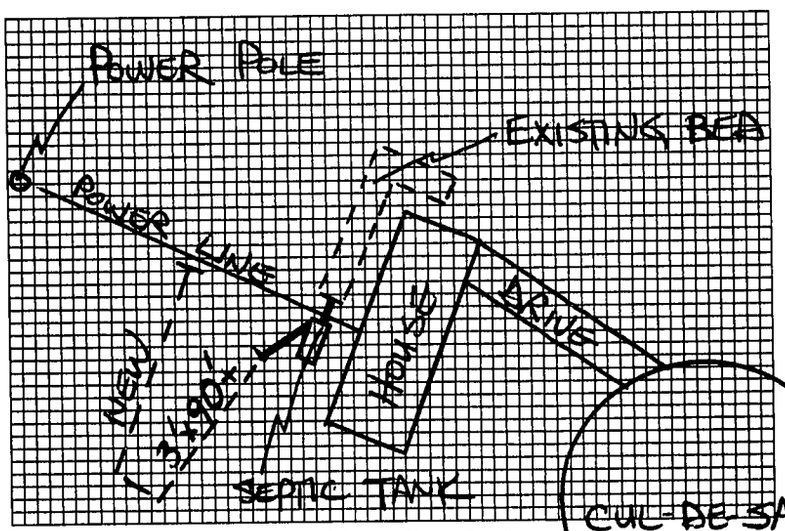
Application Rate _____

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 1000 Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 270+ Linear Ft. 90+

Depth of Stone in Lines 20+

Water Supply: Individual ☐ Public ☑

Installed by TOMMY FRYE

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 "TEE" IN TANK.
② GUTTER DRAINS TO BE PIPED AWAY FROM SYSTEM
③ DECK OVER EXISTING LINES SHOULD BE REMOVED TO IMPROVE SYSTEM FUNCTION ④ TANK WAS PUMPED OUT - LOOKS OK.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 12/1/92

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