## IREDELL COUNTY HEALTH DEPARTMENT

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

REPAIR

OWNER OR CONTRACTOR DARLENE STUTTS DATE 7/13/92 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION US 21 N, TR JANE SOWERS ROAD, TL CARL AUSTIN ROAD, ON (R) AT Box 2230 S.R. No. _____

SUBDIVISION NAME _____ 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 BS

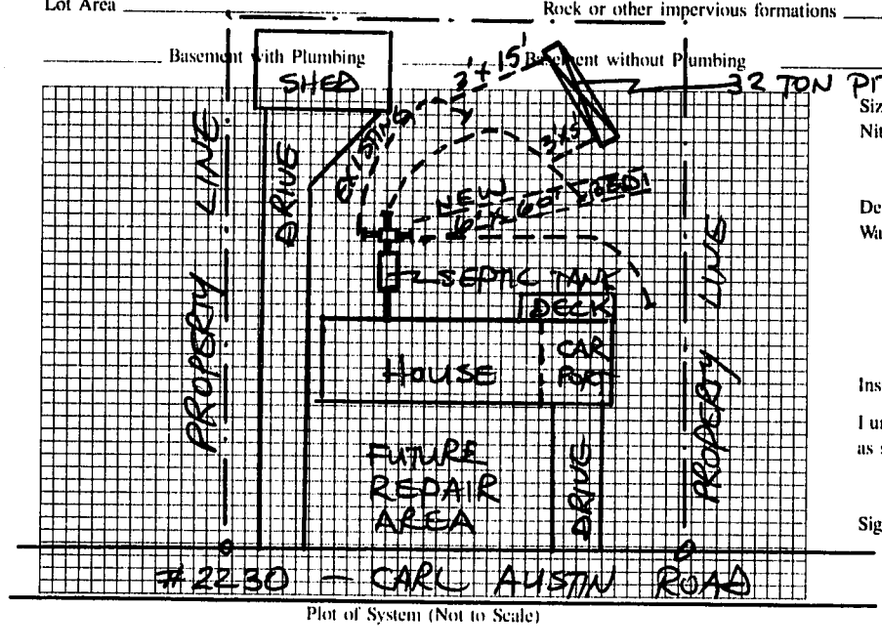
Application Rate 0.40 GPD / FT²

Topography 2-4%

Depth to Water Table >4'

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 EXISTING Gals.

Nitrification Field:

No. of Lines 2 + 32 TON PIT

Sq. Ft. 360 Linear Ft. 120

Depth of Stone in Lines _____

Water Supply: Individual [ ] Public [✓]

Installed by JAMES HUDLOW

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 J. C. MOORE

COMMENTS ① NEW SANITARY "TEE" INSTALLED IN TANK.
② RECOMMENDED CHECK ALL POTENTIAL LEAKS IN HOUSE & REPAIR.
③ FUTURE REPAIR MAY INVOLVE PUMP TANK & PUMPING EFFLUENT TO FRONT YARD.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 7/15/92

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