city

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR John wesley williams DATE 7-7-92 PERMIT NO. 57-11-A7

PHONE: Business _____ Home _____

LOCATION E. Greenbraiv Turn on Stokes st at end on left. S.R. No. _____

SUBDIVISION NAME _____ LOT NO. 7 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 1 1/2 Soil Characteristics clayey

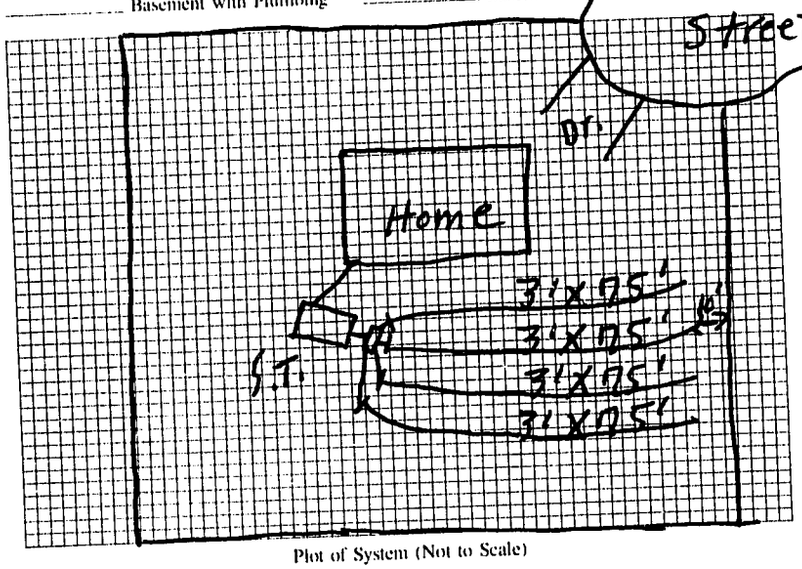
Garbage Disposal Unit Yes ☐ No ☑ Application Rate .4

Auto. Dishwasher Yes ☐ No ☑ Topography 2 to 6%

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table 10'

Lot Area 15000 sq' 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 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by Bill cuthbertson

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 D. C. moore

COMMENTS _____

CERTIFICATE OF COMPLETION BY D. C. moore DATE 7-7-92

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