REPAIR

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR LINDA PURDY DATE 5/19/93 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION US 64E, TL OLD MOCKSVILLE ROAD, 1ST MH ON (L) PAST NOAH'S ARK KENNEL S.R. No. 2158

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

House ☐ Mobile Home ☑ S/W Business ☐ Other _____

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area _____

Soil Characteristics PS

Application Rate 0.3 GPD/FT² 2-40% LINEAR

Topography _____

Depth to Water Table >4'

Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing WELL No Basement ✓ Crawl Space

⊗ Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐

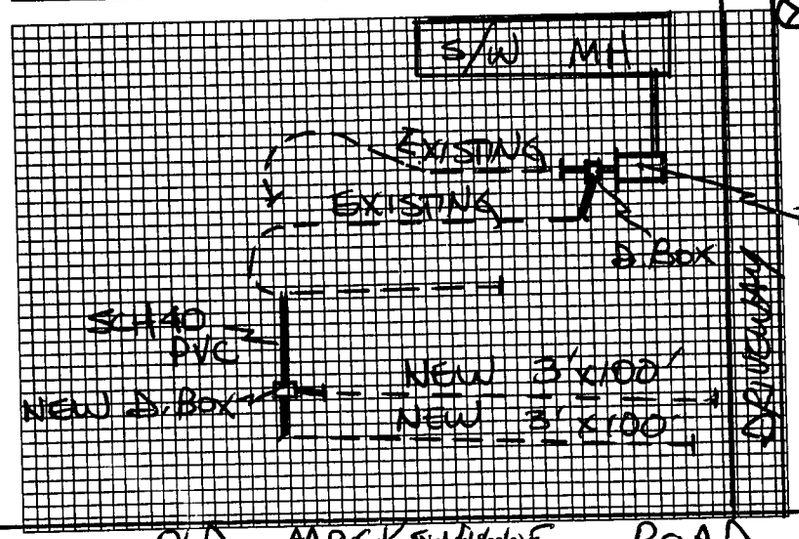
EXISTING SEPTIC TANK

Installed by HARRY REED

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.)



All Of System Not To Scale

OLD MOCKSVILLE ROAD (SR 2158)

IMPROVEMENT PERMIT BY J. C. MOORE

COMMENTS _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 5/19/93

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