IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Mike Tuberville DATE 7-6-92 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 70 E TR Bethesda Rt TR into Beechwood 1st mH on Rt. S.R. No. _____

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

House [ ] Mobile Home [✓] Business [ ] Other _____

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes [ ] No [ ]

Auto. Dishwasher Yes [ ] No [ ]

Auto. Wash. Machine Yes [ ] No [ ]

Lot Area _____

Soil Characteristics _____

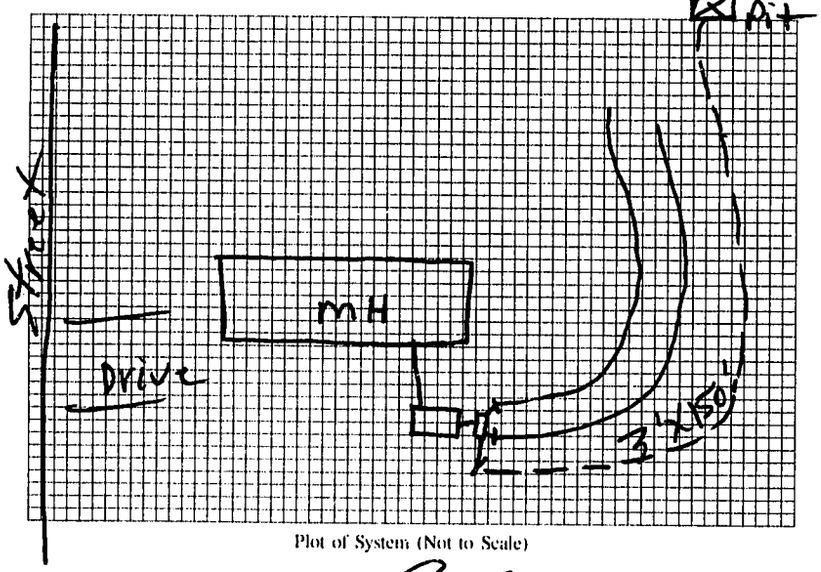
Application Rate _____

Topography _____

Depth to Water Table EX.

Rock or other impervious formations _____

_____ 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 1

Sq. Ft. 450 Linear Ft. 150

Depth of Stone in Lines 12"

Water Supply: Individual [✓]

Public [ ]

+ 17 Ton at end of new line

Installed by Bobby mayhew

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 _____

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 7-6-92

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