IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

REPAIR

OWNER OR CONTRACTOR SANDY CLINE DATE 7/9/92 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION US 64 E, TR BELL FARM ROAD, TL EVERGREEN LANE, TR BIRCHWOOD LANE, 4th (A) ON (R) S.R. No. 2533

SUBDIVISION NAME 420 BIRCHWOOD LN LOT NO. _____ SECTION OR BLOCK NO. _____

House [X] 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 _____

Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

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

Size of Tank EXISTING Gals.

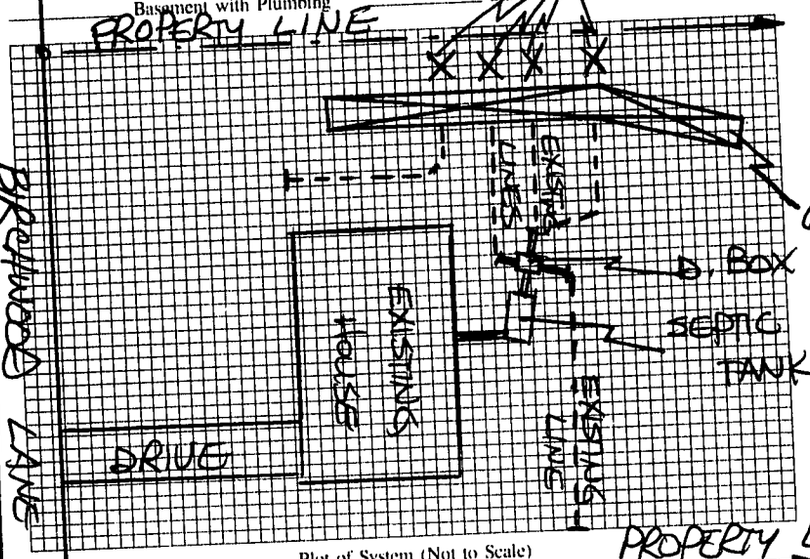
Nitrification Field:

No. of Lines 1 64 TON PIT

Sq. Ft. — Linear Ft. —

Depth of Stone in Lines —

Water Supply: Individual [ ] Public [X]



Plot of System (Not to Scale)

Installed by A-1 BACKHOE

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) 64 TON PIT INSTALLED AT LOCATION SHOWN. (2) EARTHEN DAMS CONSTRUCTED AT LOCATIONS SHOWN TO KEEP 10' SEPARATION FROM PROPERTY LINE (3) OLD LINES ACROSS PROPERTY LINES ARE ABANDONED.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 7/9/92

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 EVERGREEN LANE Sanitarian's Copy: Pink Owner's Copy: Gold

BELL FARM ROAD