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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

Terminal 12E B 40

OWNER OR CONTRACTOR Raymond & Celia Gentry DATE 10-14-92 PERMIT NO. 12E-A-40

PHONE: Business _____ Home _____

LOCATION US 21 N TR Chief Thomas Rd TR Chadwick Road Last House on L S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics P.S.

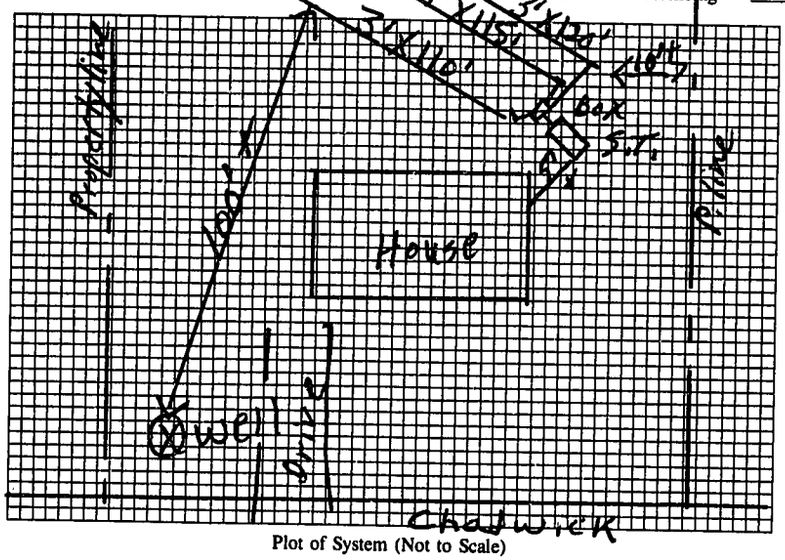
Garbage Disposal Unit Yes ☐ No ☑ Application Rate .35 GPD/ft²

Auto. Dishwasher Yes ☑ No ☐ Topography 4 to 6% 4S

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table >4'

Lot Area 1 acre Rock or other impervious formations none

(10') 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 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Wayne Potts

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 Steve Hedrick

COMMENTS _____

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 10-14-92

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