IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Ernie + Beverly Giavetioni DATE 1-16-92 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 E TL Swann Rd on left before Mc Allister Rd

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S.R. No. _____

House ☑ Mobile Home ☐ Business ☐ Other Repair

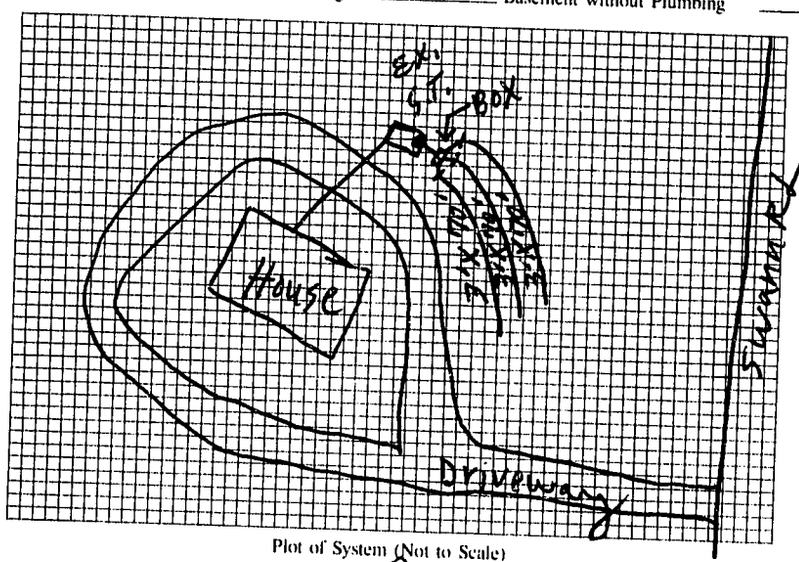
No. Bedrooms 2 No. Bathrooms _____

Garbage Disposal Unit	Yes ☐	No ☐
Auto. Dishwasher	Yes ☐	No ☐
Auto. Wash. Machine	Yes ☐	No ☐

Lot Area _____

Soil Characteristics Clayey
Application Rate .4
Topography 2 to 6%
Depth to Water Table 10'+
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 EX Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 630 Linear Ft. 210
Depth of Stone in Lines 12"
Water Supply: Individual ☐
Public ☑

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 L. C. Moore

COMMENTS _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 1-16-92

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