14840

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Angela K. Crater DATE 6-26-92 PERMIT NO. 116-A-29A

PHONE: Business ____ Home ____

LOCATION Off mocksville TR white oak branch Rd Cross branch 1st mH on left. S.R. No. ____

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

House ☐ Mobile Home ☑ Business ☐ Other ____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 1/2 acre+

Soil Characteristics ____

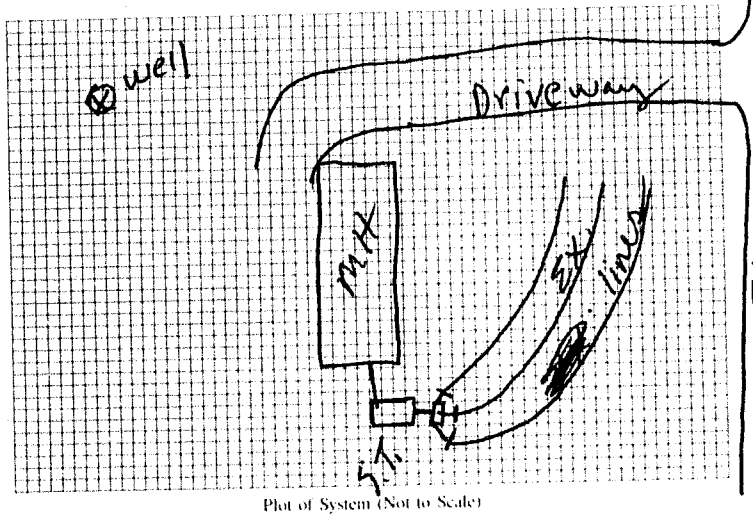
Application Rate ____

Topography EX System

Depth to Water Table ____

Rock or other impervious formations ____

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement ____ Crawl Space



Plot of System (Not to Scale)

Size of Tank ____ Gals.

Nitrification Field:

No. of Lines ____

Sq. Ft. ____ Linear Ft. ____

Depth of Stone in Lines ____

Water Supply: Individual ☐ Public ☐

Installed by ____

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 ____

COMMENTS ____

CERTIFICATE OF COMPLETION BY ____ DATE ____

EXISTING SYSTEM CHECKED BY L. C. Moore DATE 6-26-92

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