IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14660

OWNER OR CONTRACTOR HAROLD E. HEDRICK DATE 5/25/92 PERMIT NO. 12H-A-68

PHONE: Business _____ Home _____

LOCATION US 21 N, TR BETHEL ROAD, TR ARROWWOOD ROAD, AT 2ND MH ON (R) 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 AMPLE

Soil Characteristics PS

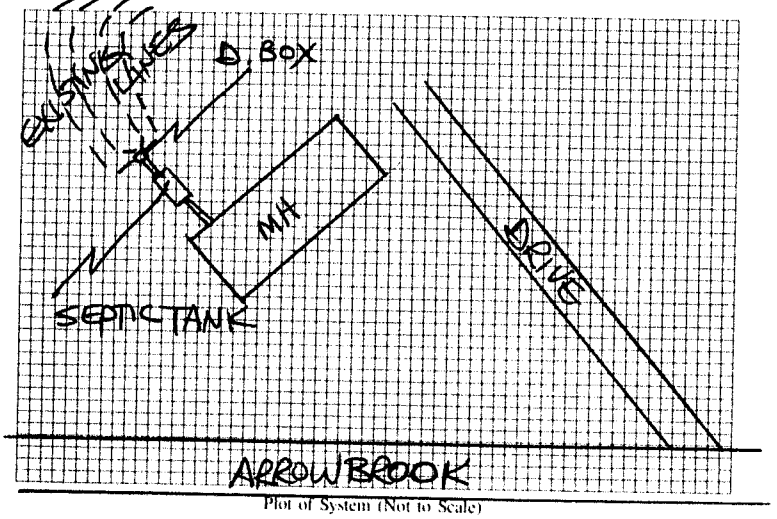
Application Rate

Topography

Depth to Water Table EXISTING

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 EXISTING

Sq. Ft. _____ Lineal 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 (1) MH NOT ON SITE AT TIME of INSPECTION, KEEP MH MINIMUM 5' FROM SYSTEM

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY STEVE HEDRICK DATE 5/25/92

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