IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

REPAIR

OWNER OR CONTRACTOR JOHN "JACK" BOUCHARD DATE 7/21/92 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL MOUNTAIN VIEW ROAD, TR BACON ROAD, ~1.0 MILE ON (L) S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 1 Soil Characteristics PS

Garbage Disposal Unit Yes ☐ No ☑ Application Rate 0.40 GPD / FT2

Auto. Dishwasher Yes ☑ No ☐ Topography 4-6% LS

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

Rock or other impervious formations NONE

Plot Area AMPLE

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

Size of Tank ACP 5/30/92 1000 Gals.

Nitrification Field:

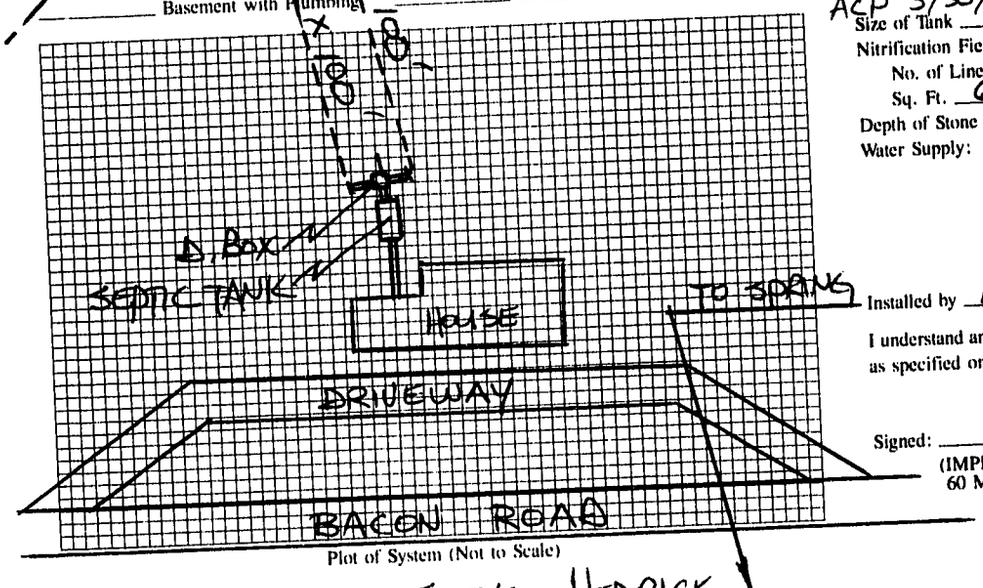
No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual ☑ SPRING ACROSS ROAD

Public ☐



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 STEVE HEDRICK

COMMENTS _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 7/21/92

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