IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

REPAIR

OWNER OR CONTRACTOR Doyle Summers DATE 6/2/92 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL DAMASCUS CH. ROAD, 2ND (H) ON (R)

S.R. No. _____

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

House [✓] Mobile Home [ ] Business [ ] Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes [ ] No [✓]

Auto. Dishwasher Yes [✓] No [ ]

Auto. Wash. Machine Yes [✓] No [ ]

Lot Area Ample

Soil Characteristics _____

Application Rate _____

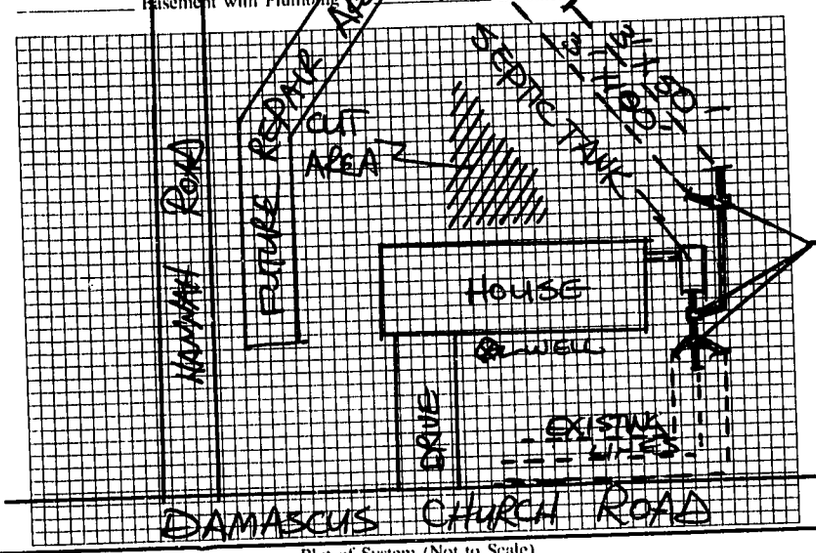
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

EXISTING

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



Plot of System (Not to Scale)

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 450 Linear Ft. 150

Depth of Stone in Lines 12"

Water Supply: Individual [✓] WELL

Public [ ]

DISTRIBUTION BOXES

Installed by JOHN MENSCER

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 HEARICK

COMMENTS ① TWO NEW D. BOXES INSTALLED, ② NEW LINES FEEDING FIRST

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 6/2/92

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