IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15882

OWNER OR CONTRACTOR Rick & Donna Jordan DATE 2/24/93 PERMIT NO. 162-A-31A

PHONE: Business _____ Home _____

LOCATION US 21 N, TL JENNINGS ROAD, TL WEISNER ROAD, TL EUPEPTIC SPRINGS, TR 1ST DRIVE, BEAR (L) 1ST STR. HOUSE ON (L)

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 1 1/2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 15.12 AC

Soil Characteristics _____

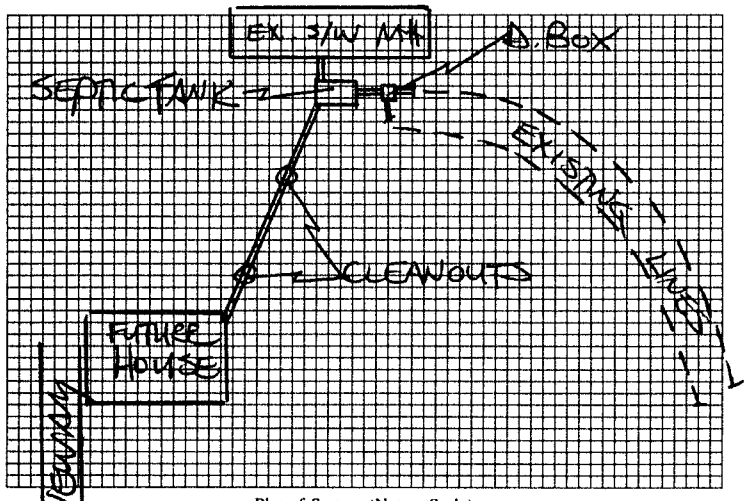
Application Rate _____

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. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ☑ WELL ACROSS DRIVE

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) FUTURE REPAIR IS 100% CONVENTIONAL, GRAVITY-FED
(2) MH TO BE REMOVED UPON OCCUPANCY OF HOUSE.
(3) PUMP-OUT SEPTIC TANK RECOMMENDED.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY Steve Herrick DATE 2/24/93

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