IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14849

OWNER OR CONTRACTOR TERESA CAUDLE DATE 6/30/92 PERMIT NO. PART OF 139-A-22

PHONE: Business _____ Home 873-6711

LOCATION 4521 N, TL JENNINGS ROAD, TL 2ND ROLLING HILLS MHP ENTRANCE, LOT ON (L) IN BACK S.R. No. _____

SUBDIVISION NAME ROLLING HILLS MHP LOT NO. [redacted] 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 _____

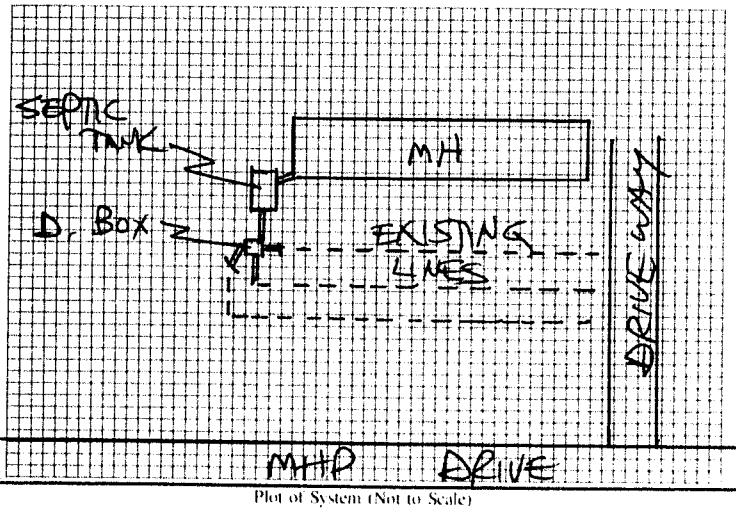
Application Rate _____

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 _____ Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. EXISTING Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ☐

Public ✓ COMMUNITY WATER SYSTEM

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 KEEP MH MINIMUM 5' FROM SYSTEM
② WATER SYSTEM APPROVED BY JOE CRABB / RICK DURHAM N.C.D.E.H.N.R, MOORESVILLE OFFICE

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY STEVE HENDRICK DATE 6/30/92

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