IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15920

OWNER OR CONTRACTOR JOHNNY A. CAMPBELL DATE 3/5/93 PERMIT NO. 16H-3-A-16

PHONE: Business _____ Home _____

LOCATION I-77N, TL NC 901W, TL CHESTNUT OAK ROAD, 3RD MH SITE ON (L) S.R. No. _____

SUBDIVISION NAME CLYDE WHITE MHP LOT NO. 3 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ 3/W Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area LIMITED

Soil Characteristics _____

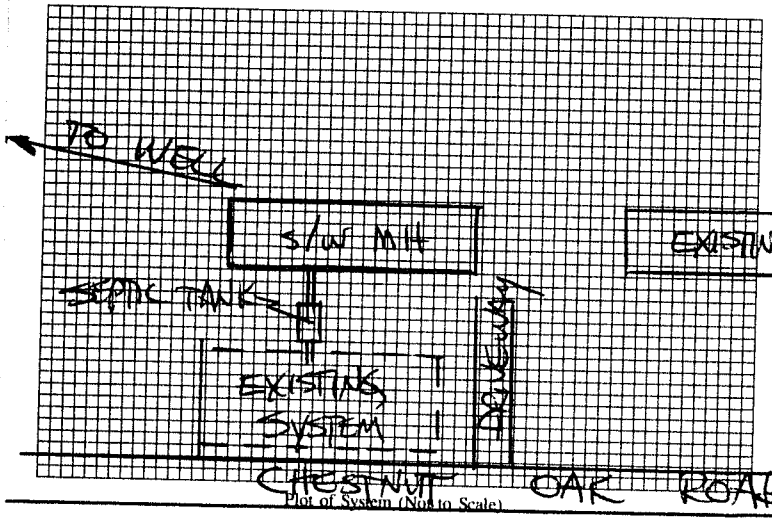
Application Rate _____

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 EXISTING Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Lin. Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ☑ WELL

Public ☐

EXISTING

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 SEPTIC SYSTEM.

(2)

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY STEVE HENRICK DATE 3/5/93

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