IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

REPAIR

OWNER OR CONTRACTOR H.C. MYERS DATE 9/24/92 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION I-77 N, TL NC 901 W, TR UNION GROVE ROAD, 1ST HOUSE ON (L) PAST MINA'S CORNER KITCHEN S.R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes [ ] No [✓]

Auto. Dishwasher Yes [✓] No [ ]

Auto. Wash. Machine Yes [✓] No [ ]

Lot Area AMPLE

Soil Characteristics _____

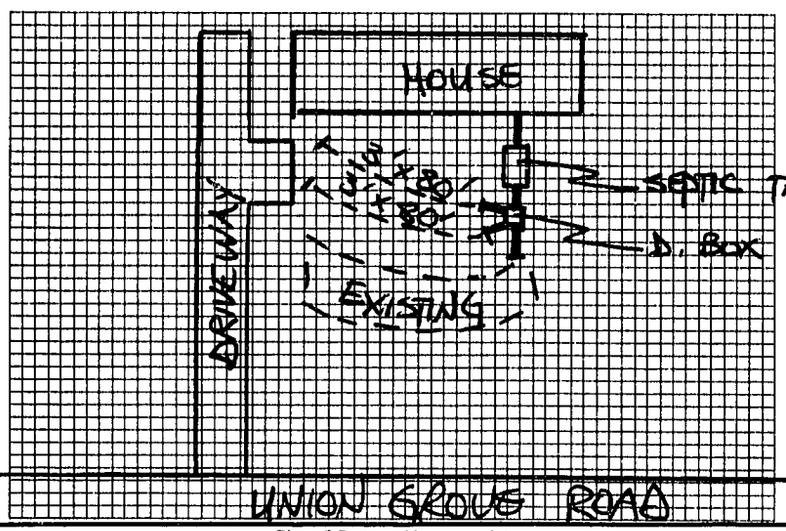
Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations EXISTING

_____ Basement with Plumbing ___WELL___ 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. 480 Linear Ft. 160

Depth of Stone in Lines 12"

Water Supply: Individual [✓] WELL

Public [ ]

Installed by SAMMY REAVIS

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

CHECK PLUMBING FOR LEAKS & KEEP MAINTAINED.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 9/24/92

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