IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

16069 TERRY W. CAMPBELL
OWNER OR CONTRACTOR VIOLET CAMPBELL DATE 4/2/93 PERMIT NO. 17E-A-

PHONE: Business _____ Home _____

LOCATION US 21 N, TL NC 901 W, TL ON PRIVATE DRIVE JUST PAST ALLEN ROAD, MH ON (R) BACK OFF ROAD S.R. No. NC 901

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

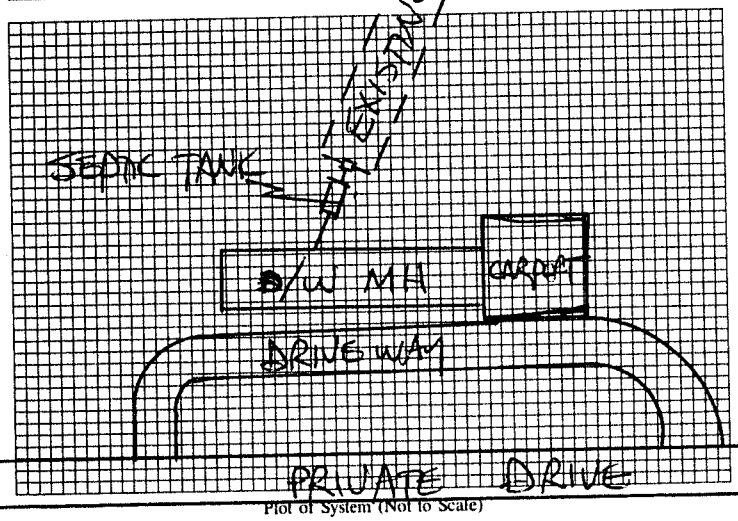
House ☐ Mobile Home ☑ D/W Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑
Auto. Dishwasher Yes ☑ No ☐
Auto. Wash. Machine Yes ☑ No ☐
Lot Area 73 Ac

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 EXISTING
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ☑ WELL ACROSS DRIVEWAY
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 KEEP MH MINIMUM 5' FROM SYSTEM

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY STEVE HENDRICK DATE 4/2/93

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