IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

REPAIR

OWNER OR CONTRACTOR VICTOR CROSBY DATE 5/12/92 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION US 21 N, TL TABOR ROAD, ON (L) 2ND HOUSE BEFORE MEDI-REX & NC 901

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S.R. No. _____

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

No. Bedrooms 5 No. Bathrooms 2

Garbage Disposal Unit Yes [ ] No [✓]

Auto. Dishwasher Yes [✓] No [ ]

Auto. Wash. Machine Yes [✓] No [ ]

Lot Area AMPLE

Soil Characteristics _____

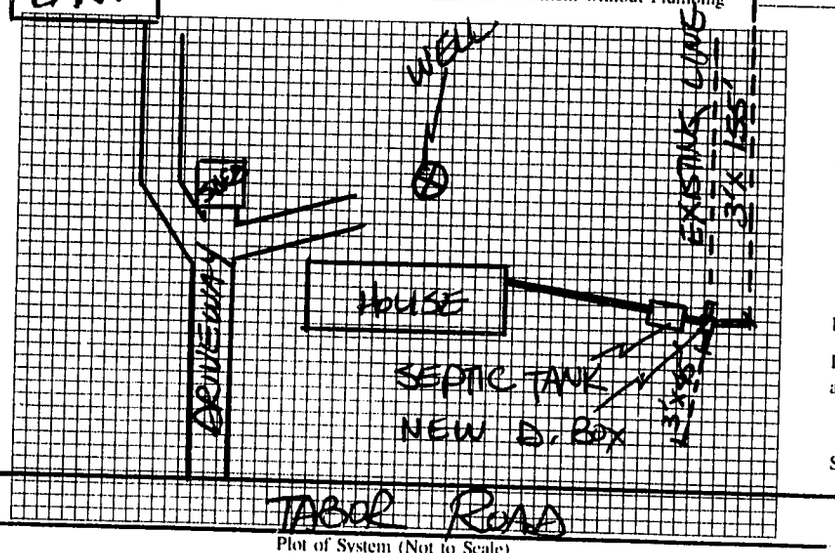
Application Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations EXISTING

BARN 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 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual [ ] 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 (1) SEPTIC TANK WAS PUMPED OUT (2) SANITARY TEE REPLACED IN TANK (3) NEW D. BOX INSTALLED, (4) OLD LINE FED 1ST OUT OF D. BOX

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 5/12/92

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