## IREDELL COUNTY HEALTH DEPARTMENT

### IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

16268
OWNER OR CONTRACTOR TAMMY R. JACKSON DATE 4/29/93 PERMIT NO. PART OF 12-A-13

PHONE: Business _____ Home _____

LOCATION I-77N, TR NC 901 E, TL EAGLE MILL ROAD, 1ST HOUSE ON (L) PAST NURSERY AT _____ S.R. No. _____

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

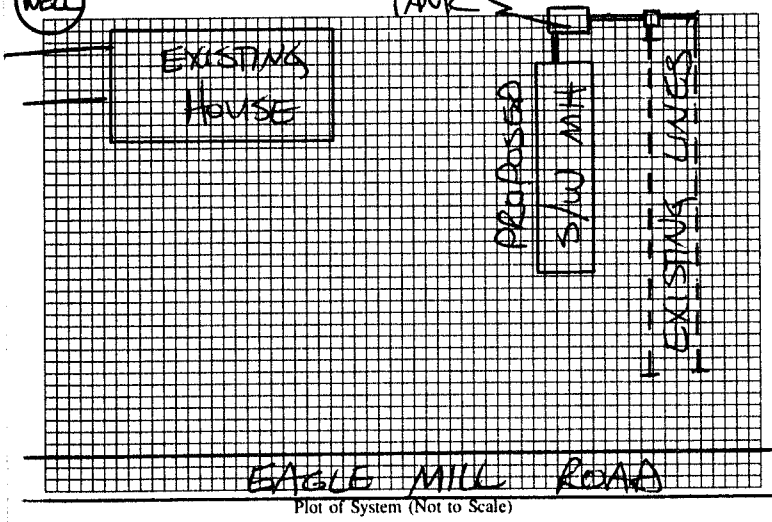
House ☐ Mobile Home ☑ S/W Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ☐ | No ☑ | |
| Auto. Dishwasher | Yes ☑ | No ☐ | |
| Auto. Wash. Machine | Yes ☑ | No ☐ | |
| Lot Area 100'x160' | | | |

Soil Characteristics _____
Application Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations EXISTING

(WELL) _____ Basement with Plumbing SEPTIC TANK _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank _____ Gals.
Nitrification Field: EXISTING
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ☑ WELL AT HOUSE
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 SEPTIC SYSTEM

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY STEVE HEDRICK DATE 4/29/93

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