REPAIR

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR ARTHUR WOOD DATE 2/4/93 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION US 21 N, TL LITTLE WILKSBORO ROAD, GREEN HOUSE ON (R) JUST BEFORE RABBIT HIGHWAY S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 1

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 EXISTING

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement _____ Crawl Space

Size of Tank EXISTING Gals.

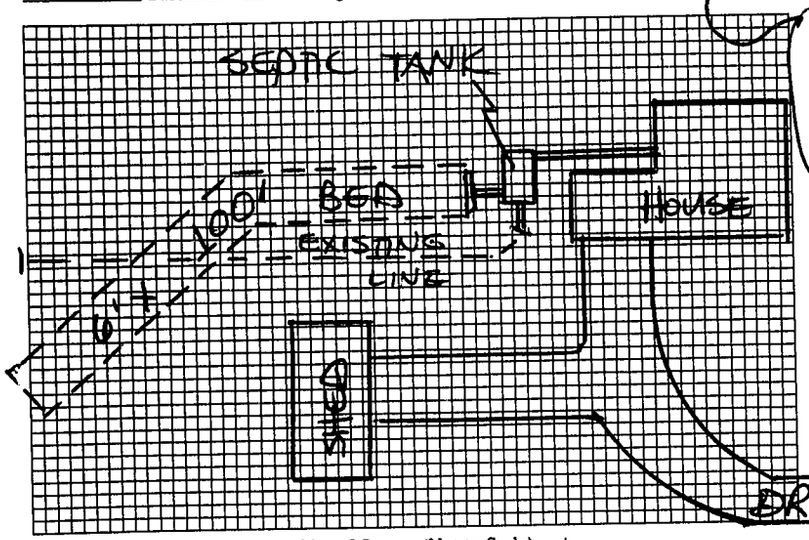
Nitrification Field:

No. of Lines 1 - BED

Sq. Ft. 600 Linear Ft. 100

Depth of Stone in Lines 18"

Water Supply: Individual ☐ Public ☑



Plot of System (Not to Scale)

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 FUTURE REPAIR TO BE GRAVITY-FED TO CONVENTIONAL DRAINFIELD IN FRONT YARD.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK / MIKE DENNIS DATE 2/4/93

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