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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

15855

OWNER OR CONTRACTOR MARK COHEN DATE 3/23/93 PERMIT NO. 178-1-A-20

PHONE: Business _____ Home _____

LOCATION US 21 N, TR POWELL ROAD, TR HAMLET ROAD, TL ROCK SPRINGS CH. ROAD, ON (L) JUST BEFORE CHURCH, OFF ROAD S.R. No. 2121

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 1.48 AC

Soil Characteristics _____

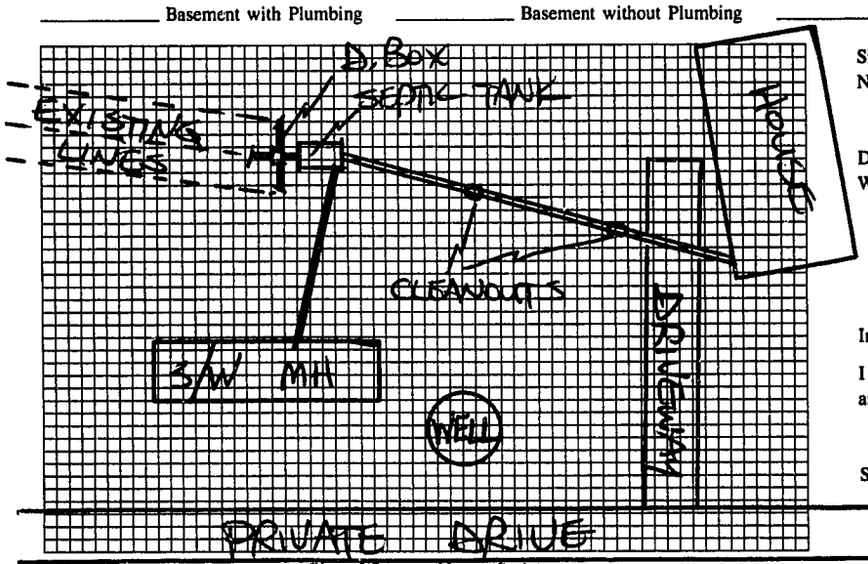
Application Rate _____

Topography _____

Depth to Water Table EXISTING

Rock or other impervious formations _____

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



Plot of System (Not to Scale)

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Lineal Ft. EXISTING

Depth of Stone in Lines _____

Water Supply: Individual ☑ WELL

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 (1) USE SCH 80 PVC OR DUCTILE IRON UNDER ANY AREAS SUBJECT TO VEHICULAR TRAFFIC (2) STUB-OUT OF HOUSE AS HIGH AS POSSIBLE TO OBTAIN FALL INTO S.T. (3) INSTALL CLEANOUTS EVERY 50' OF PIPE (4) MH TO BE REMOVED UPON OCCUPANCY OF HOUSE

CERTIFICATE OF COMPLETION BY _____ DATE ~~3/23~~

EXISTING SYSTEM CHECKED BY STEVE HENDRICK DATE 3/23/93

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