43722

IREDELL COUNTY HEALTH DEPARTMENT

14807 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR DARREL HAYNES DATE 6/25/92 PERMIT NO. 170-A-7

PHONE: Business _____ Home _____

LOCATION US 21 N, TR HOUSTONVILLE ROAD, TL SAWAY SPRINGS ROAD, TR TOM LAUREN ROAD, 1ST MH ON (L) S.R. No. 2107

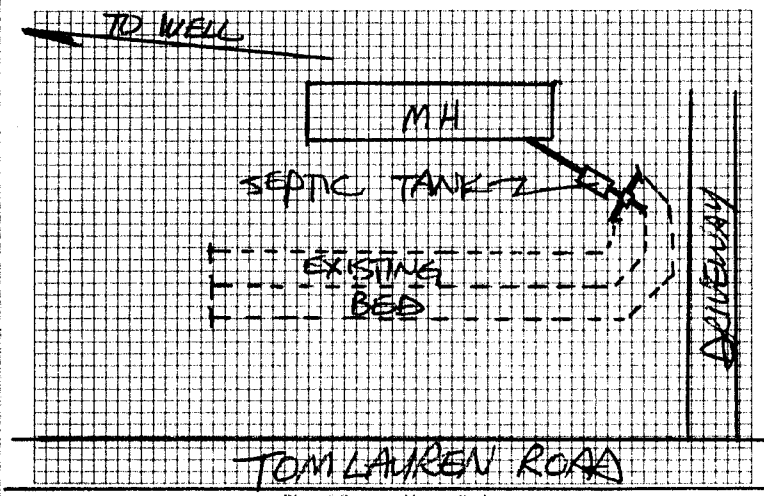
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ☐	No ✓	Soil Characteristics	
Auto. Dishwasher	Yes ✓	No ☐	Application Rate	
Auto. Wash. Machine	Yes ✓	No ☐	Topography	
Lot Area 40.5 AC			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. EXISTING Linear Ft. _____

Depth of Stone in Line _____

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 MH NOT ON SITE AT TIME OF INSPECTION.
② KEEP MH MINIMUM 5' FROM SYSTEM.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY STEVE HENDRICK DATE 6/25/92

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