

14471

IREDELL COUNTY HEALTH DEPARTMENT

42942

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

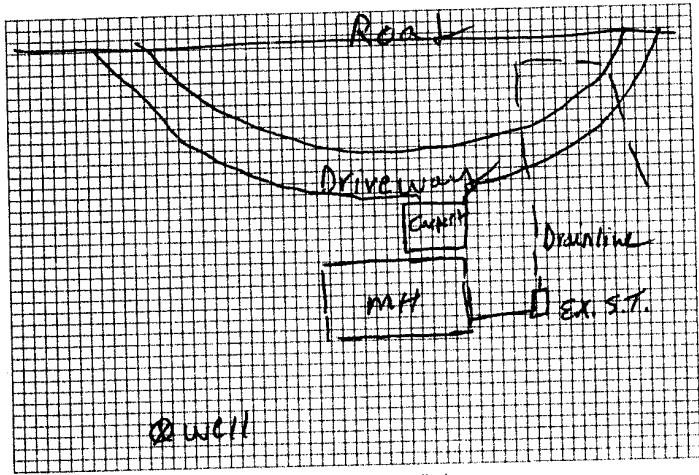
OWNER OR CONTRACTOR J.D. Lentz DATE 4-15-92 PERMIT NO. 4QA-15

PHONE: Business _____ Home _____
LOCATION I 77 S TR Amity Hill TB number TL Hoover
Rd. 16 mi on left. S.R. No. _____

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

House Mobile Home Business Other Existing system Replacing single with double.
No. Bedrooms 3 No. Bathrooms 2 Soil Characteristics _____
Garbage Disposal Unit Yes No Application Rate _____
Auto. Dishwasher Yes No Topography _____
Auto. Wash. Machine Yes No Depth to Water Table _____
Lot Area 2.18 acres 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. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual
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 _____

CERTIFICATE OF COMPLETION BY _____ DATE _____
EXISTING SYSTEM CHECKED BY J.C. Moore DATE 4-15-92

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