04264

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR LEWIS ALEXANDER DATE 3-6-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Sharon Schoolfld. north of I-40 - last house on left before Alexanders Co. line.

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. Pt. of 6 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other Addition & step (remodeling out bldg.) no plumbing.

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area Acreage

Character & Porosity of Soil _____

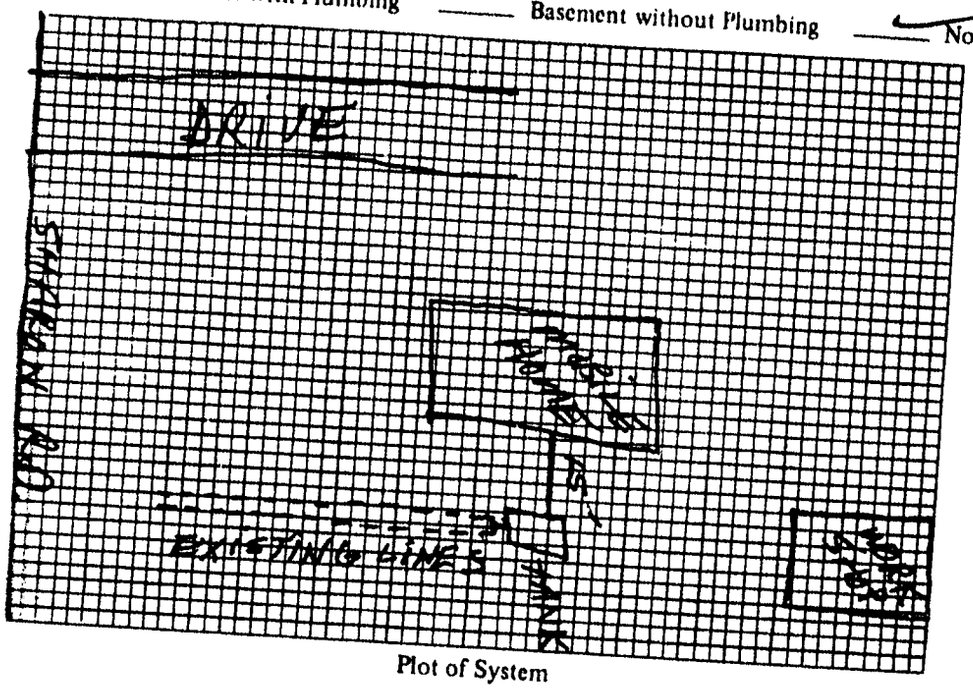
Percolation Rate _____

Topography EXISTING SEPTIC

Depth to Water Table _____

Rock or other impervious formations TANK SYSTEM.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING 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 septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing septic tank system functioning properly at the time of inspection.

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: Steve Brown DATE 3-6-86.

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 false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold