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 MIKE EPPES DATE 11-7-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64-70 west – Lewisville across from Statesville Brickyard Rd.

S. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area Ample

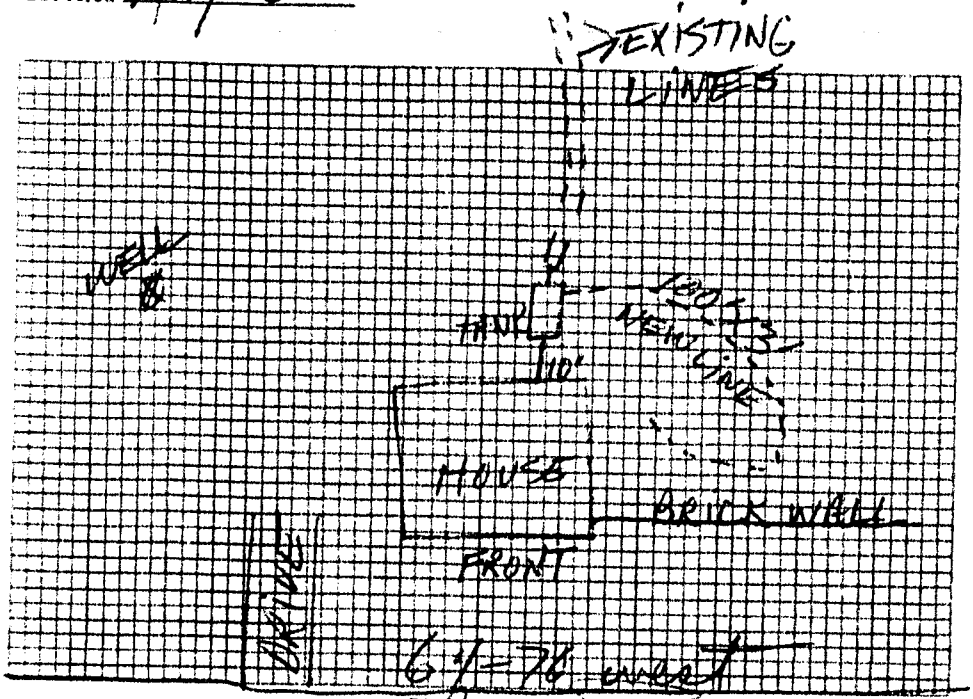
Character & Porosity of Soil _____

Percolation Rate _____

Topography Repair

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 16"

Water Supply: Individual ~~( )~~
Public (✓)

Installed by Donald Lackey

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Old lines abandoned & tee installed for new line.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 11-7-83

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 false information is supplied in making Improvements Permit.

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