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 ALBERTA TURNER DATE 5-15-91. PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION Hwy 70W to Sharon School Rd. - T.R. go 1/4 mi. on (L).

____ S. R. No. ____

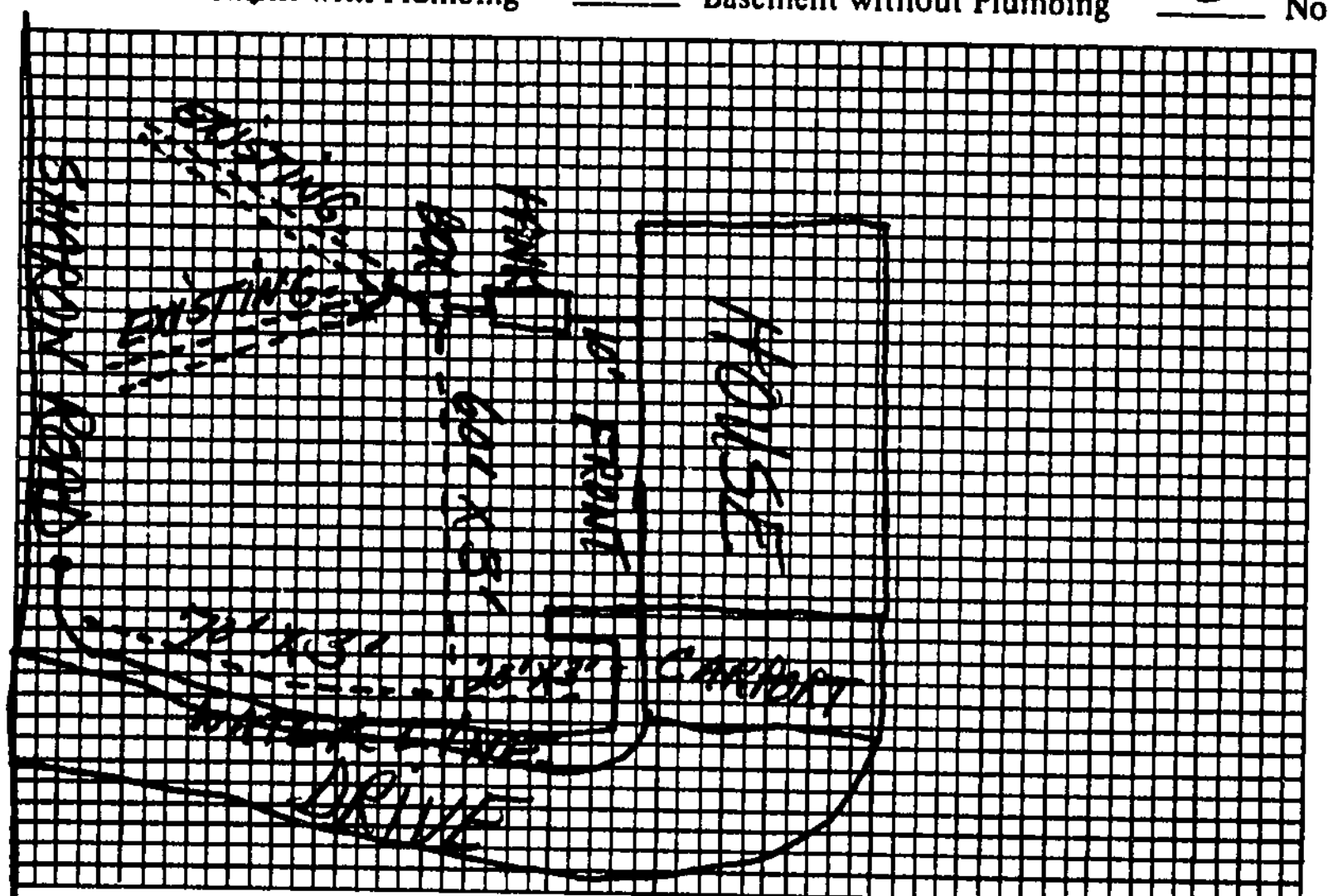
SUBDIVISION NAME ____ LOT NO. ____ SECTION OR BLOCK NO. ____

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 ____
Depth to Water Table ____ Repair.
Rock or other impervious formations ____

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field: 2
No. of Lines 2
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Esker Elder

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

Signed: ____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Water line rerouted around S.T. repair lines.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-15-91.

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