Repair

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 Donald C. Haynes DATE 3/11/85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I 40 W, Rt on Sharon School, Rt into Sharon Colony 5th Itse on Lf

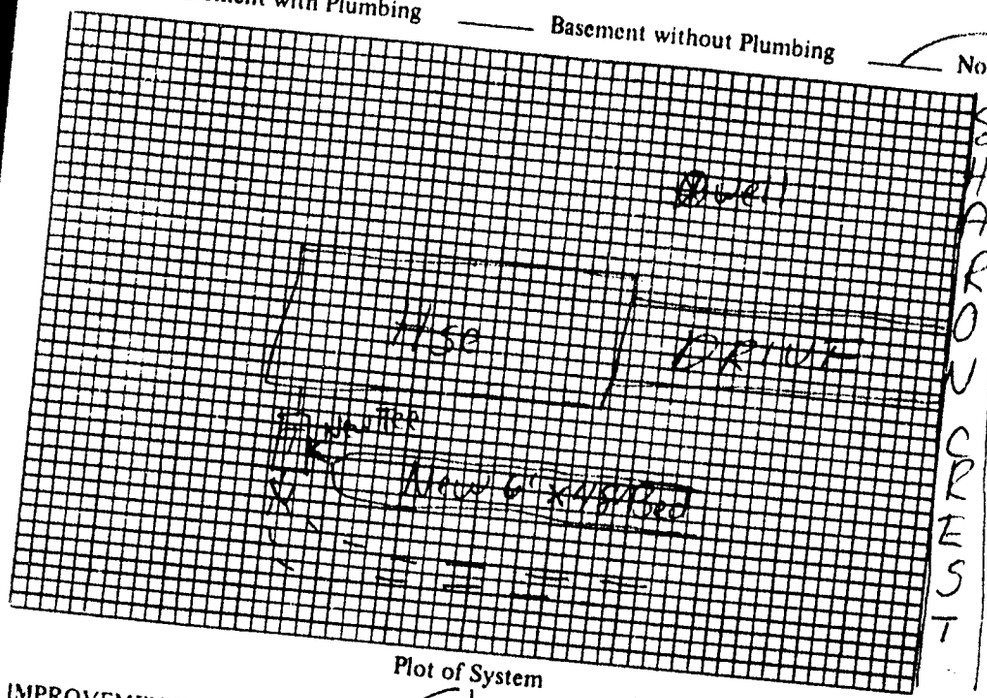
SUBDIVISION NAME Sharon Colony LOT NO. _____ S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Repair
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
Lot Area Ample			Rock or other impervious formations	

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2 (6' Trench)

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines 4-16" due to lack of stone

Water Supply: Individual (✓)

Public ( )

Installed by J.C. Backhoe

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: approx 6'x48' complek due to installer running out of stone. Ord by Mrs. Haynes to cover as is.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE 6/11/85

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