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 W.E. SHOOK DATE 7-3-91 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Dayle Rd. off Mack Mill Rd. - go 1/2 mi. on left - brick house off rd. S. R. No. _____

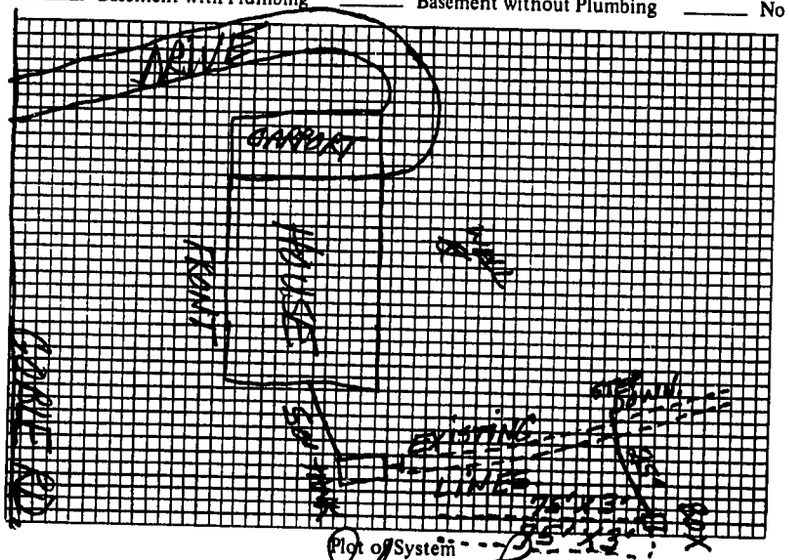
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

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

Lot Area Ample.

(✓) Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 12

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: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 7-3-91

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