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 KENNETH GRAY DATE 12-5-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mtn. Rd. north & Bradfords X Rds. - house on @ just before New Sterling Church Rd.

SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____

House (✓) Mobile Home ( ) Business ( ) Other Repair SECTION OR BLOCK NO. _____

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 _____

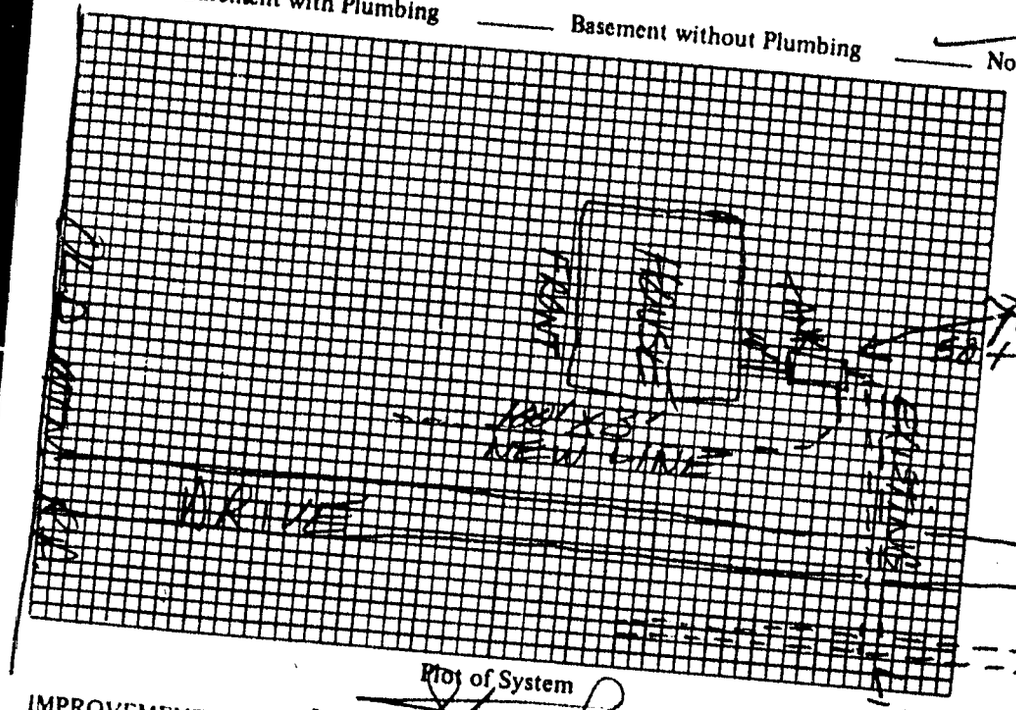
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations Repair

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



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 Bryant Barry Lignon

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: New tee set for new line. All lines left intact.

CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY: _____ DATE 12-5-85.

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. _____ DATE _____

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