IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

REPAIR
OWNER OR CONTRACTOR JAMES OSBORNE DATE 9/11/91 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION I-40 W, TR OLD MTN RD, TL WEST IREDELL SITES, BEAR (L) AT FORKS, TR AT STOP SIGN, 2ND HOUSE. NON (R)

SUBDIVISION NAME WEST IREDELL SITES LOT NO. MOLLY LANE SECTION OR BLOCK NO. _____

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

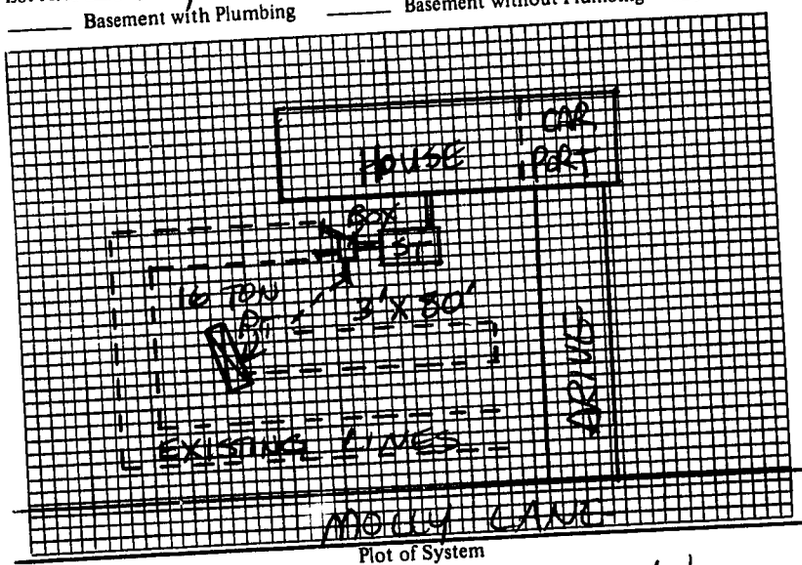
No. Bedrooms _____ No. Bathrooms _____

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

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations EXISTING

Lot Area LIMITED

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 240 Linear Ft. 80
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by AAA ENTERPRISES

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE BROWN

COMMENTS: PLUS 16 TON PIT AT END OF NEW LINE
NEW LID INSTALLED ON EXISTING TANK - OLD LID WAS BROKEN.

CERTIFICATE OF COMPLETION BY STEVE HENDRICK DATE 9/11/91

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