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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 H.A. Bissell DATE 6-29-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 TR Barber Loop a/1 mile on left

S. R. No. _____

SUBDIVISION NAME L.N. LOT NO. 112 SECTION OR BLOCK NO. 7

Ex.

House (✓) Mobile Home ( ) Business ( ) Other Addition of screened porch

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 _____

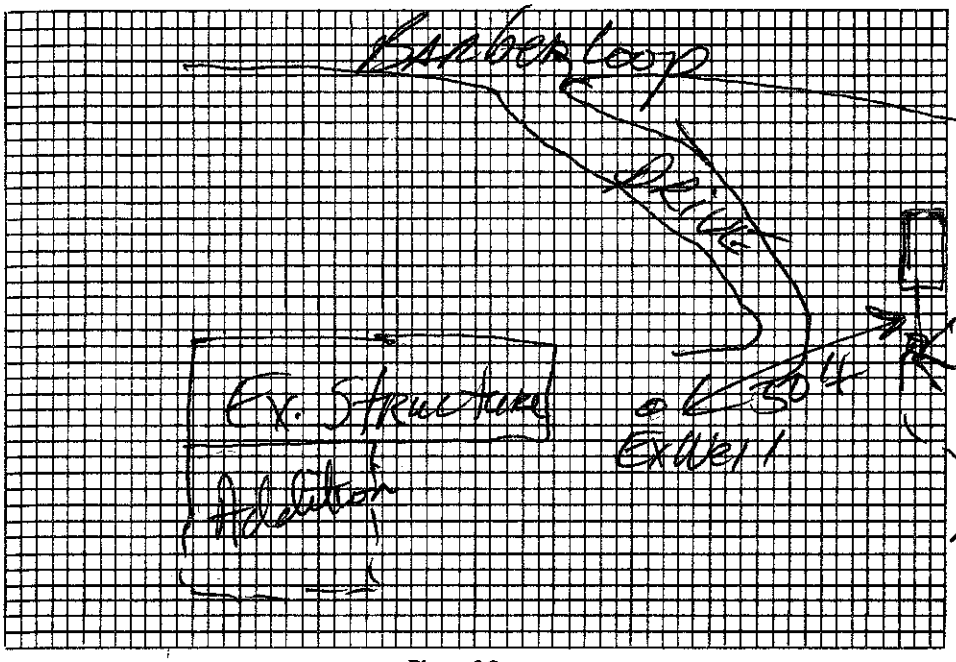
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ___✓___ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Existing

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Ex. System

10' Lot Line

Installed ~~by~~ _____

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS Existing system OK at time of inspection

CERTIFICATE OF COMPLETION BY DRH DATE _____

EXISTING SYSTEM CHECKED BY: DR Hunter, RS. DATE 6-29-87

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