Attention Building Inspection Dept. – See comments

IREDELL COUNTY HEALTH DEPARTMENT

2:00

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

OWNER OR CONTRACTOR Sam Elliott DATE 9-29-81 PERMIT NO. 206

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 & TR 2nd 1455 Go straight in curve point lot

SUBDIVISION NAME L. N. LOT NO. 220 SECTION OR BLOCK NO. 8 S. R. No. _____

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

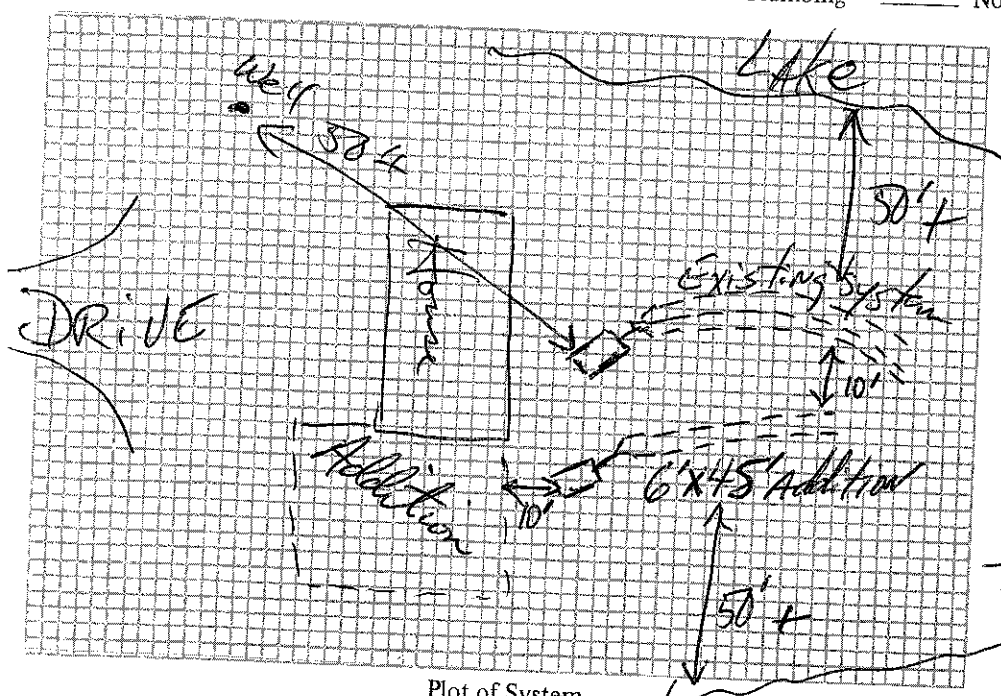
w/addition 4

No. Bedrooms _____ No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	~80
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-4%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	3½'+
			Rock or other impervious formations	none obs.

Lot Area ~ 3/4 AC.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 440+ Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 270 Linear Ft. 90
Depth of Stone in Lines 16"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

X Signed _____

IMPROVEMENTS PERMIT BY David Hinson

COMMENTS: Keep system as shallow as possible. Addition to system to be installed before Building Permit issued.

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

_____ 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