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 Geraldine Owens DATE 1/18/89 PERMIT NO. 208

PHONE: Business _____ Home _____

LOCATION 1100 TR 2nd 1455 (West Lakeview Dr.)
1st house on left. S. R. No. _____

SUBDIVISION NAME C L and T LOT NO. 213 SECTION OR BLOCK NO. 8

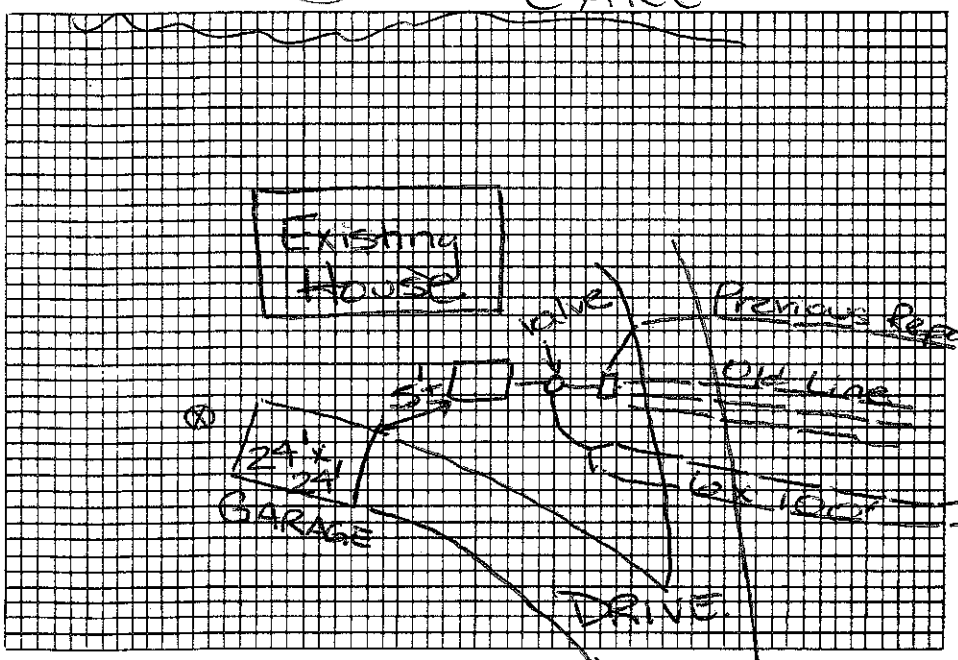
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area existing

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System NOT TO SCALE

Size of Tank existing Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: System appears to be functioning properly at this date. Drive goes over drainfield, which may cause longterm problems.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andre C. Pierce DATE 1/18/89

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