69425

II

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 Bill Smith DATE Jan. 12, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 (Chestnutwood) TR 1238 (Glendion Trail) o 3 mile on left S. R. No. _____

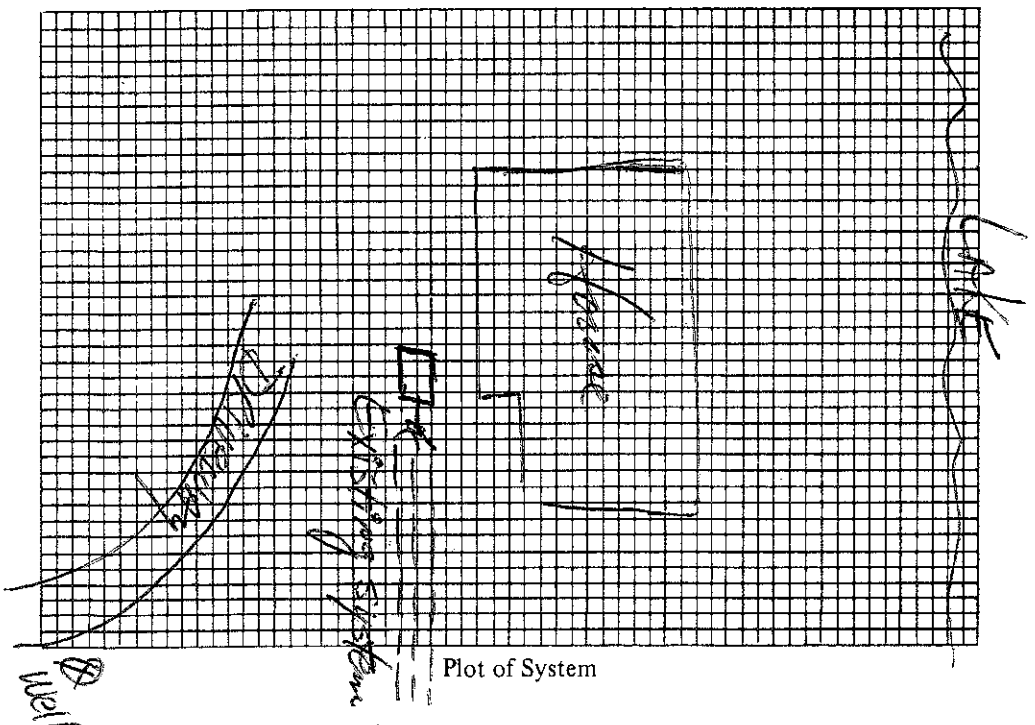
SUBDIVISION NAME LOT LAKE NORMAN LOT NO. 50 SECTION OR BLOCK NO. 7

House (✓) Mobile Home ( ) Business ( ) Other Upstairs addition w/ Addition

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil		
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate		
Auto. Wash. Machine	Yes (✓)	No ( )	Topography		
Site ~~Suitable~~ PS	Yes ( )	No ( )	Depth to Water Table		
Lot Area Existing + ½ AC			Rock or other impervious formations		

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing (1000) Gals.

Nitrification Field:
No. of Lines Existing (10 x 62')
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: Existing system OK at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: W. Hinson, RS. DATE 1-12-89

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