4626 12 7142

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 Henry Russ DATE 12-31-86 PERMIT NO. 656

PHONE: Business ________ Home ________

LOCATION 1100 TR 1177 (Chuckwood) TR at end ~1/4 mile on left S. R. No. ____

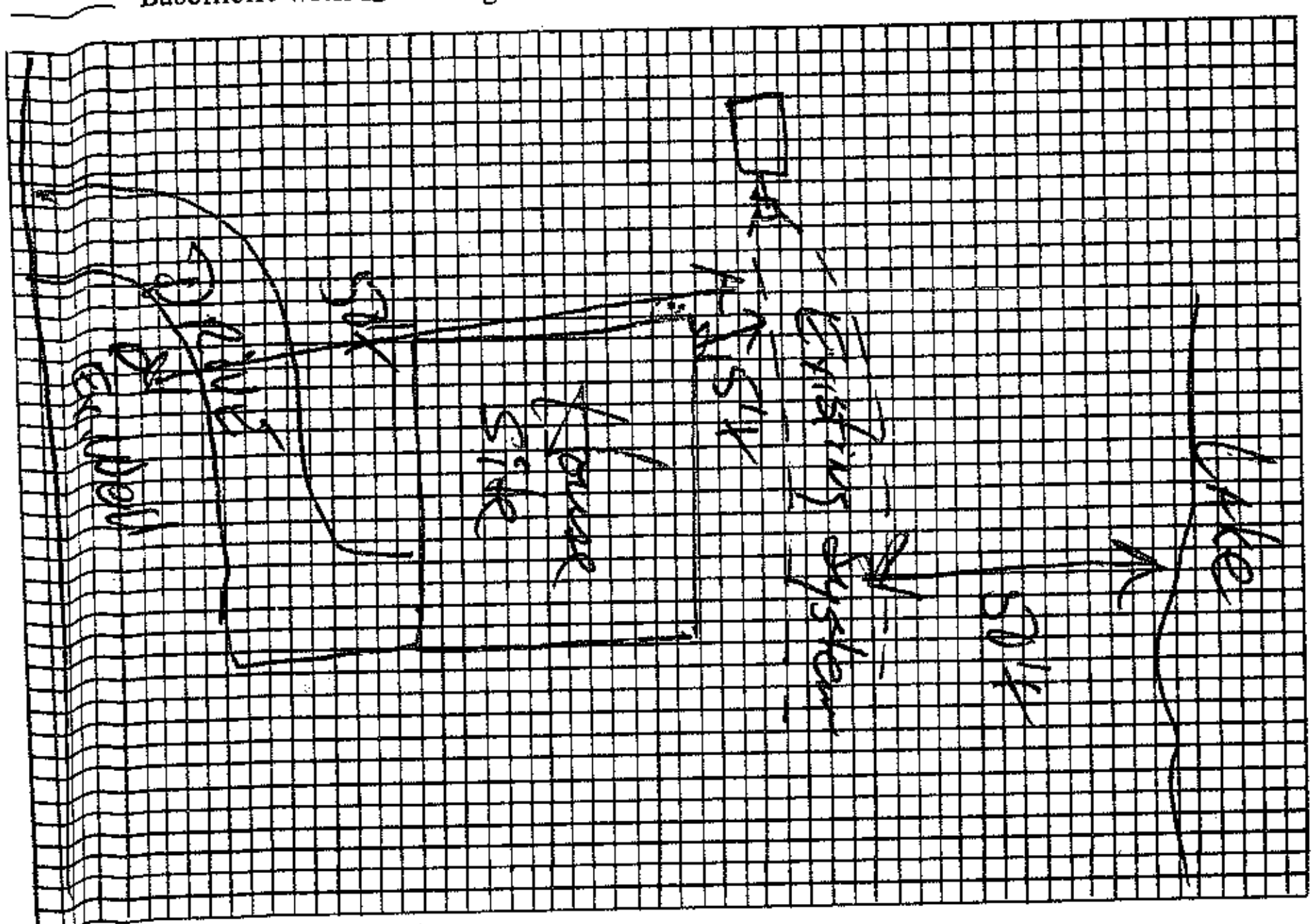
SUBDIVISION NAME LN LOT NO. 52 SECTION OR BLOCK NO. 7

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

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area Existing

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

____ 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 ( )

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: [signature], R.S. DATE 12-31-86

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