2-30 + Attention Building Inspection Dept.

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 Alton G. Warren DATE 9-7-82 PERMIT NO. 163

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 N on private road just past McLandrie Church 4th lot on left S. R. No. _____

SUBDIVISION NAME L.N. LOT NO. 52 SECTION OR BLOCK NO. 8

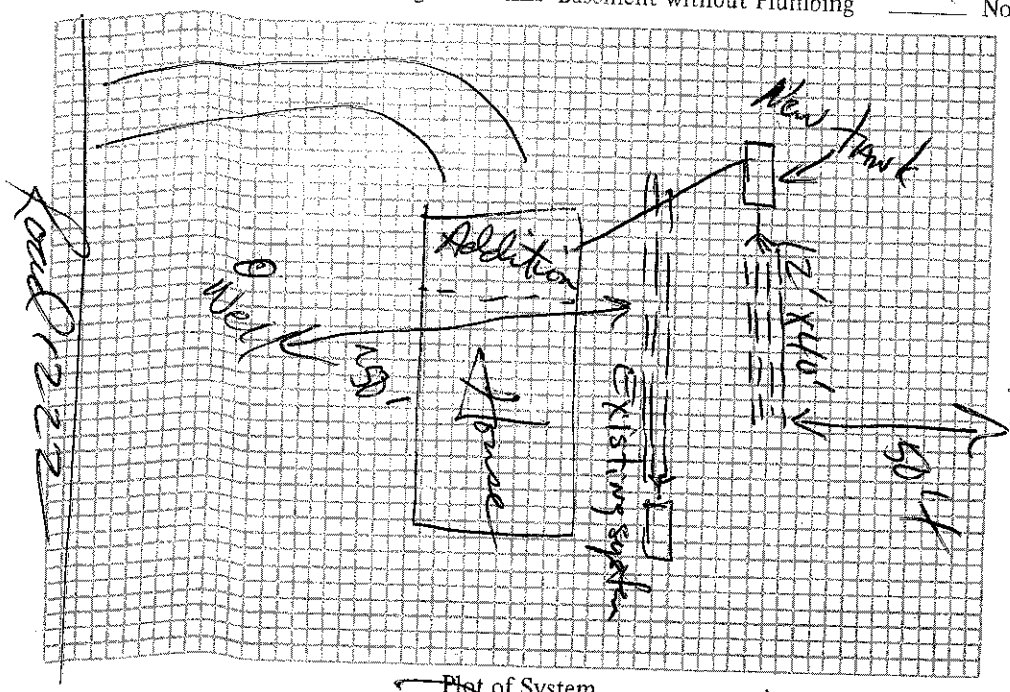
House (✓) Mobile Home ( ) Business ( ) Other adding 4th bedroom BATH w/addition

No. Bedrooms 4 No. Bathrooms 3½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil _____
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

Size of Tank 800-900 Gals. w/ Baffle

Nitrification Field:
No. of Lines 4
Sq. Ft. 480 Linear Ft. 160
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: Alton Warren

IMPROVEMENTS PERMIT BY David R. Hinson

COMMENTS: Separate plumbing from addition to new system. Building approval (final) not to be given until sewage system addition is approved.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ 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