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 Lynn Sullivan DATE 8-1-83 PERMIT NO. 258

PHONE: Business _____ Home _____

LOCATION 400 TR 1178 TC 1443 TC 1444 1.5 miles on Rt

SUBDIVISION NAME L.N. LOT NO. 27 SECTION OR BLOCK NO. 9 S. R. No. _____

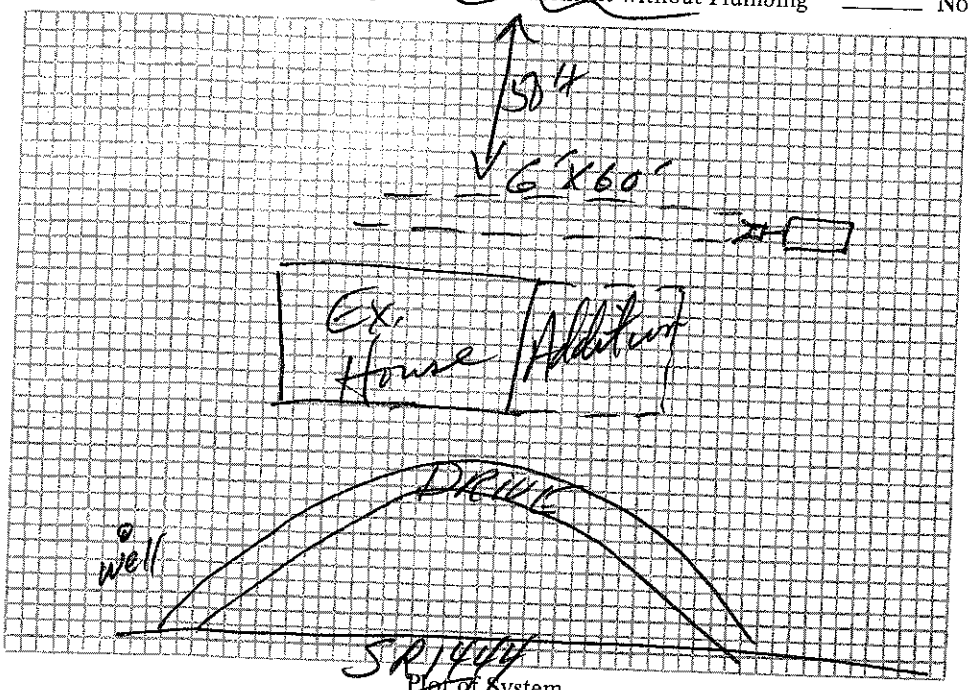
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	15
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	~10%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+
			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 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 300+ Linear Ft. 100'+
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by A J Enns

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

Signed: _____

IMPROVEMENTS PERMIT BY AC

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R Hinson DATE 8-1-83

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