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 Mike Krueger DATE 6/2/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100, Rt on Blume, Lf on Beaten Path, Straight on Asbury Circle, ≈ 1/4 mile on Lf S. R. No. _____

SUBDIVISION NAME ELT LOT NO. 77 SECTION OR BLOCK NO. 9

House ( ) Mobile Home ( ) Business ( ) Other Addition of 2Br, 1 Bath, Garage

No. Bedrooms 4 No. Bathrooms 3 (Total) Character & Porosity of Soil clayey

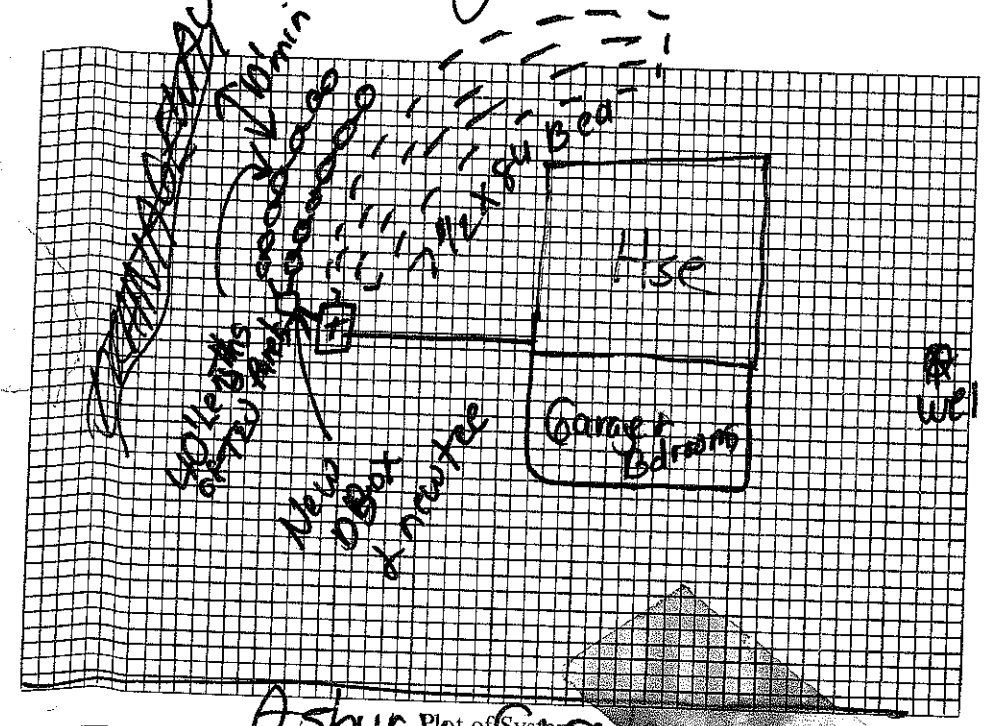
Garbage Disposal Unit Yes ( ) No ( ) Percolation Rate 0-4

Auto. Dishwasher Yes ( ) No ( ) Topography 4-6% Flat

Auto. Wash. Machine Yes ( ) No ( ) Depth to Water Table _____

Site Suitable Yes ( ) No ( ) Rock or other impervious formations throughout

Lot Area _____



Plot of System

Size of Tank Exist Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. _____ Linear Ft. 150'

Depth of Stone in Lines N/A

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: Add (2) 40' Lengths of 4" Panels. Feed from new box connected to new tee in tank. Disconnect old bed and reconnect it from new box. Issue building permit upon completion of installation.

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