Property DESCRIPTION
07359

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 James W. Parton DATE 9/15/87 PERMIT NO. _____

PHONE: Business _____ Home (919) 835-3249

LOCATION 15DW TR Robinson Rd. 9/10 mi TL on DIRT DRIVE. Lot is on a point. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 194 SECTION OR BLOCK NO. 11

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

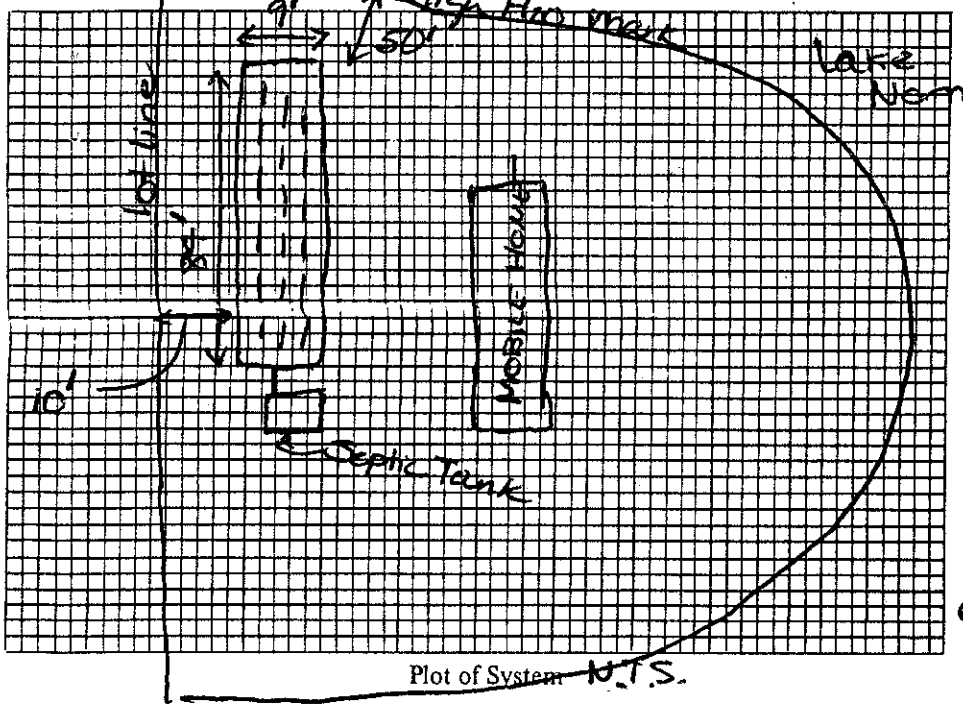
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes ( )	No ( )	

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

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"
Water Supply: Individual (X) *
Public ( )

Installed by _____

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

Signed: _____

* Info from 6/11/80 Repair completion by Clemmer.

IMPROVEMENTS PERMIT BY _____

COMMENTS: System functioning properly at the time of inspection.
Do NOT build over tank or nitrification lines (5' min. distance)
Moving in a new Mobile H. / Building a storage building
* Lines = 9' x 84'

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andrew C. Pierce DATE 9/15/87

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