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 DR. JOHN STEAGALL DATE 3-1-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION State Park Rd. from Perth Rd., bear left on S.R. 1321 (Morrison Farm Rd.) then T. R. on Penicillin Plant Rd. - 2/3 way to end on (R). S. R. No. _____

SUBDIVISION NAME LAKEVIEW ESTATE LOT NO. 495.2 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Addition 8' deck + closing in existing deck.

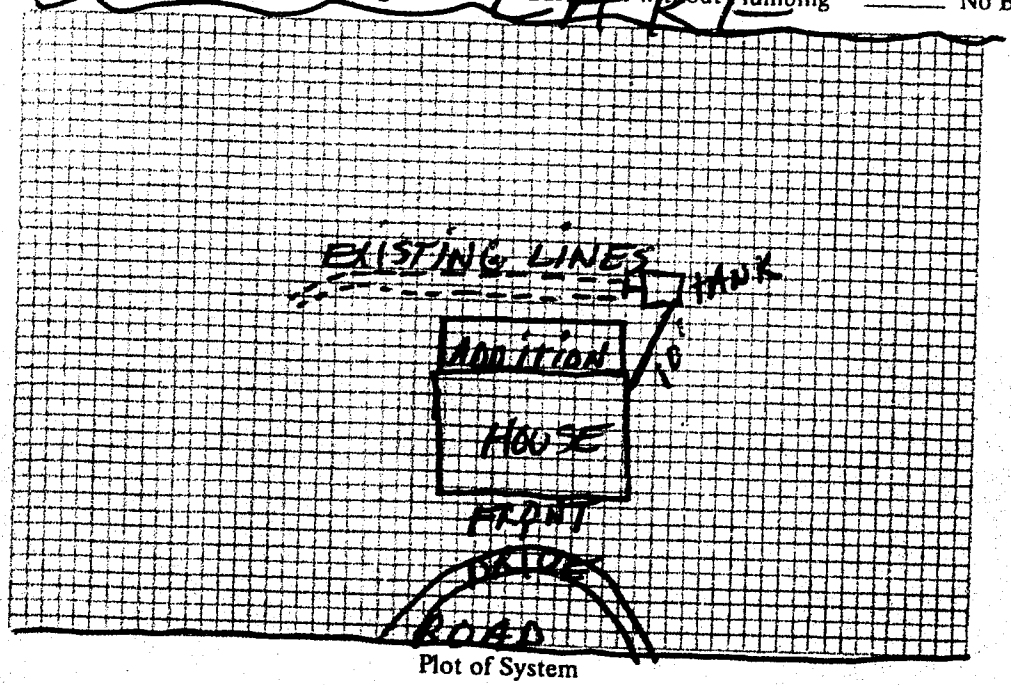
No. Bedrooms _____ No. Bathrooms _____

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

Lot Area Ample

Character & Porosity of Soil _____
Percolation Rate _____
Topography EXISTING S.T.
Depth to Water Table _____
Rock or other impervious formations SYSTEM.

✓ Basement with Plumbing ____ ✓ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (✓)
COMMUNITY WELL

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing septic tank system functioning properly at the time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Steve Brown DATE 3-1-83

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