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 Ann W. Smith DATE 8-18-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION State Park Rd. off Perth Rd., T.L. on Morrison Farm Rd., then T.R. on Allendale Circle – 5th house on (R) S. R. No. _____

SUBDIVISION NAME Allendale Point LOT NO. 10 SECTION OR BLOCK NO. _____

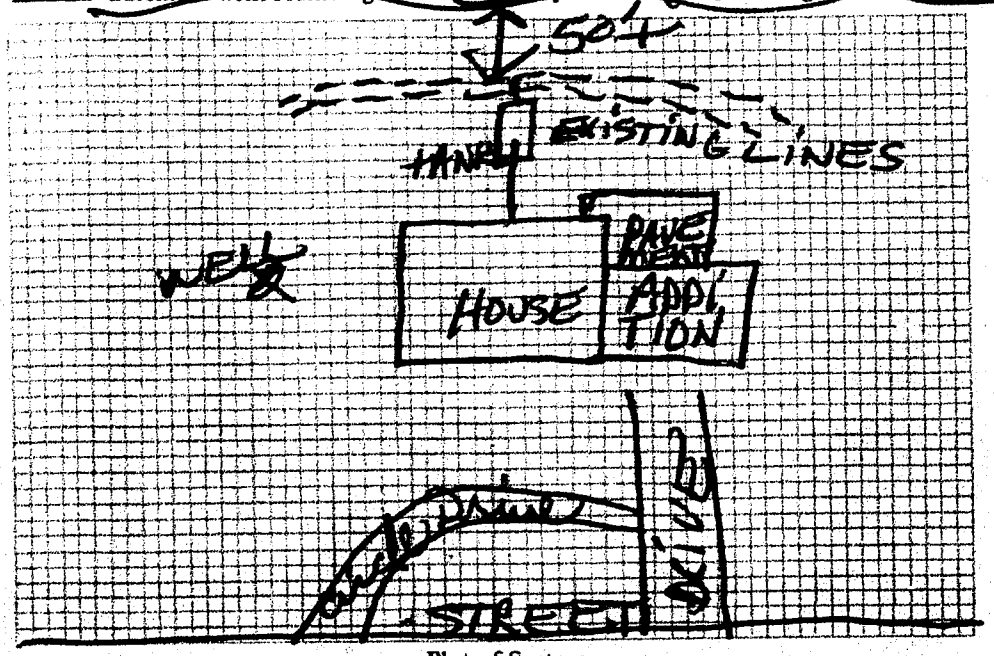
House ( ) Mobile Home ( ) Business ( ) Other Addition of bedroom – last total of 2 bedrooms.

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	Existing S.T. system
Auto. Wash. Machine	Yes ( )	No ( )	Topography	
Site Suitable	Yes ( )	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area Ample

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 ( )

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 8-18-83

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