7884

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 Gary GUENTNER DATE 2/8/88 PERMIT NO. _____

PHONE: Business _____ Home 664-7191

LOCATION 1100 TL ISLE OF PINES TL 1st dirt ROAD PAST TUERbyFILL RD. @ TR PRIVATE RD.) S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 16 SECTION OR BLOCK NO. 5

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

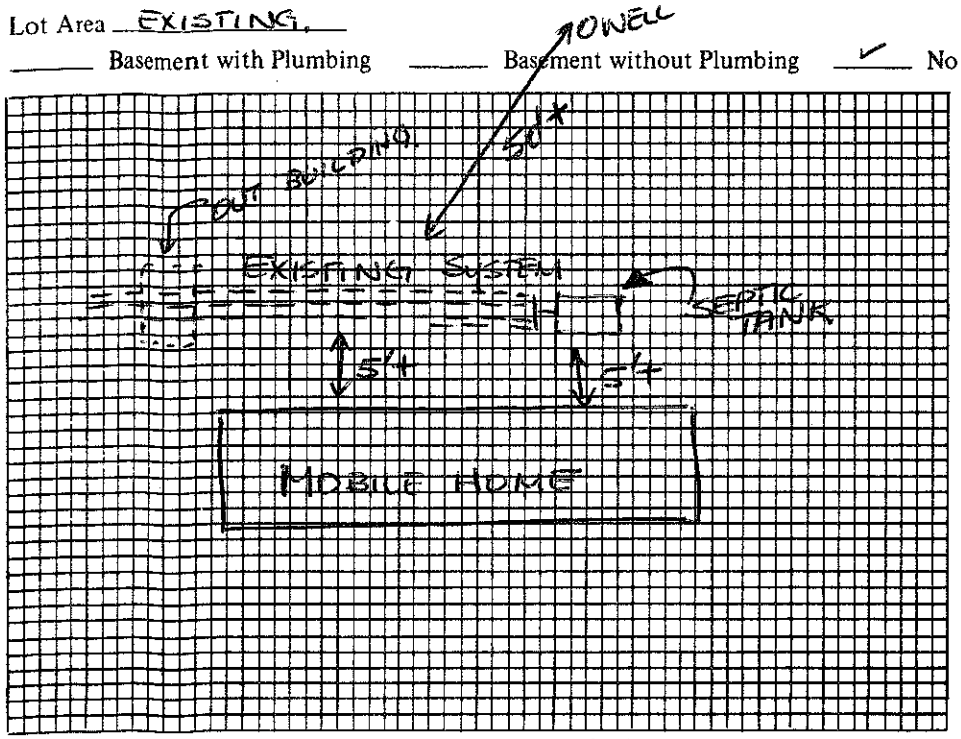
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes	( )	No	(✓)	Percolation Rate
Auto. Dishwasher	Yes	( )	No	(✓)	Topography
Auto. Wash. Machine	Yes	(✓)	No	( )	Depth to Water Table
Site Suitable P.S.	Yes	(✓)	No	( )	Rock or other impervious formations

Character & Porosity of Soil EXISTING

Lot Area EXISTING.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System N.T.S.

Size of Tank ~1000 Gals.

Nitrification Field: existing

No. of Lines _____

Sq. Ft. _____ Linear Ft. ~250??

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: (PRIOR OWNER MARK SIPE) SYSTEM SHOWS NO SIGN OF MALFUNCTION AT THIS TIME. SYSTEM IS NOT CONNECTED YET.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andrew C. Price DATE 2/8/88

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