4635-58-2230

IREDELL COUNTY HEALTH DEPARTMENT

COPY

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Ronnie Hollar DATE 7-20-84 PERMIT NO. 123

PHONE: Business _____ Home _____

LOCATION 1100, ½ mi past Mallard Head TL 1112 at end on end ~~Late~~ Bayview Rd 2nd House on R S. R. No. _____

SUBDIVISION NAME Bayview LOT NO. 30 SECTION OR BLOCK NO. _____

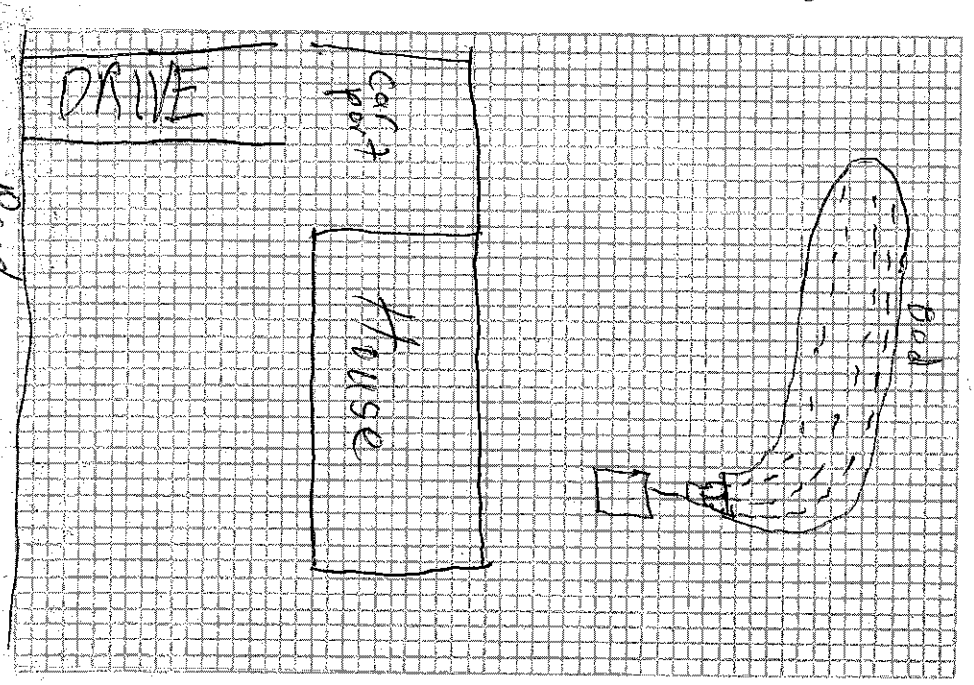
House ( ) Mobile Home ( ) Business ( ) Other Garage

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area _____

Existing System

Character & Porosity of Soil _____
Percolation Rate _____
Topography Existing
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 System
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 system working OK, at date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____
EXISTING SYSTEM CHECKED BY: Charles K. Barnett DATE 7-20-84

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