4635-58-3289

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 Troy Holler DATE 5-29-80 PERMIT NO. 148

PHONE: Business _____ Home _____

LOCATION 1100 Th 1112 go to end TR 1267 TR 1269 2nd house on left

SUBDIVISION NAME Baynum Estates LOT NO. 40 SECTION OR BLOCK NO. _____ S. R. No. _____

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

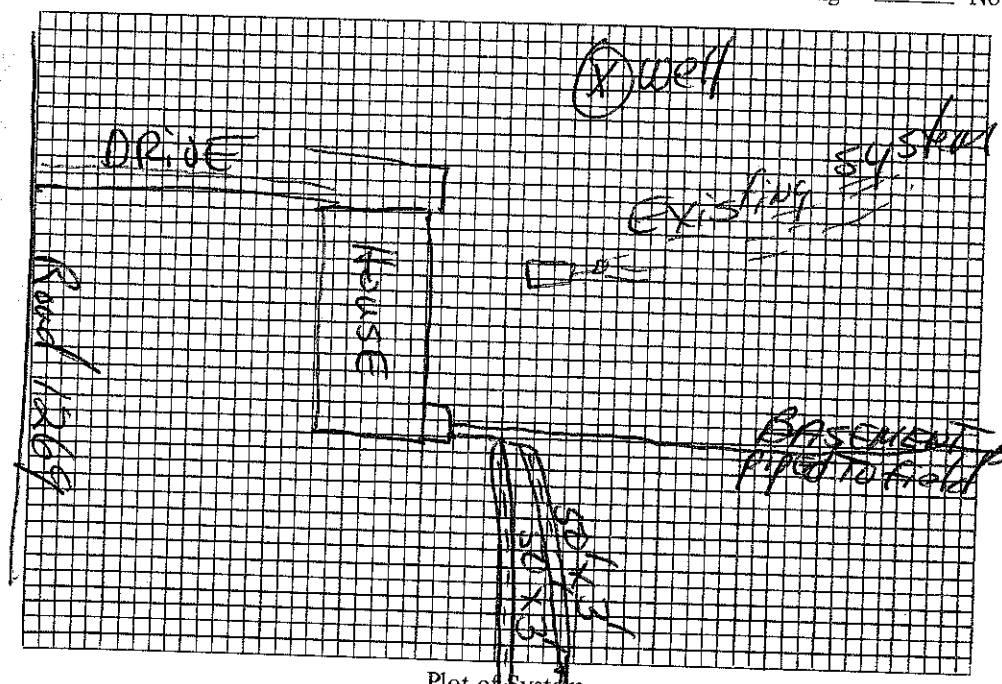
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1 acre

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

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 10"
Water Supply: Individual (X)
Public ( )

Installed by J. R. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY ~~Fred Clemmer~~ David R Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer

EXISTING SYSTEM CHECKED BY: _____ DATE 5-29-80

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