4635-58-5640

IREDELL COUNTY HEALTH DEPARTMENT

COPY 1

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

OWNER OR CONTRACTOR James Huskins DATE 12-12-83 PERMIT NO. 423

PHONE: Business _____ Home _____

LOCATION 1100 ft 1/2 TR 1267 2 blks on left ON Corner of 1269

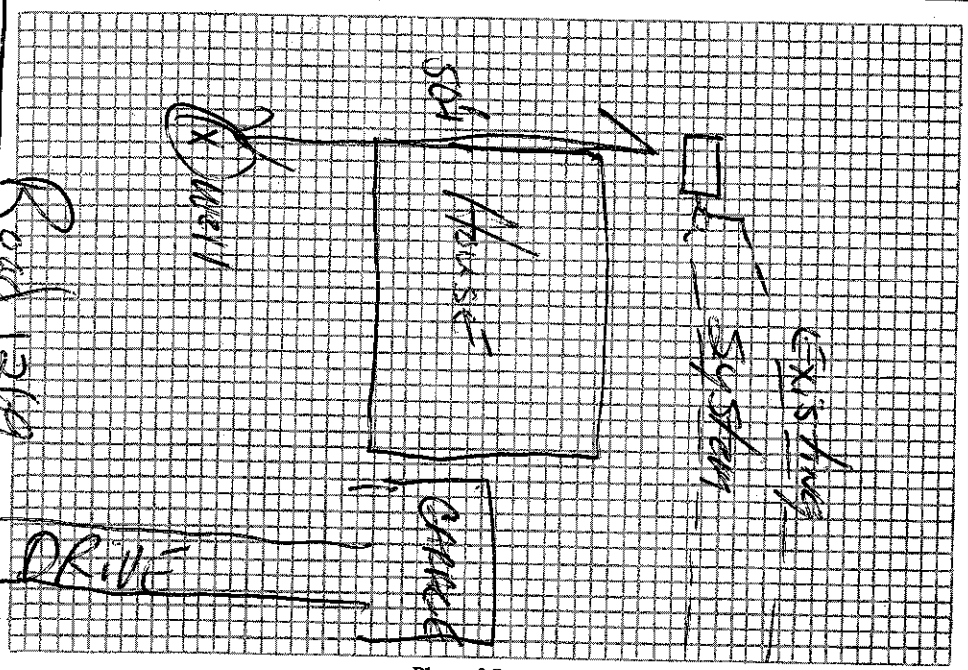
S. R. No. _____

SUBDIVISION NAME Mayview Shores Est. LOT NO. 50 SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other Addition 24x24' No Garage No plumbing

No. Bedrooms 3 No. Bathrooms 2

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



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 2 Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual (X)
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: Fred Clemmer DATE 12-12-83

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