IREDELL COUNTY HEALTH DEPARTMENT

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

NER OR CONTRACTOR Pete Hagberg DATE 7-20-82 PERMIT NO. 229

ONE: Business _____ Home _____

OCATION 1100 TR 1178 TL 1443 Bear Rt. in curve
1st Lot on Left S. R. No. _____

SUBDIVISION NAME C. W. LOT NO. 131 SECTION OR BLOCK NO. 9

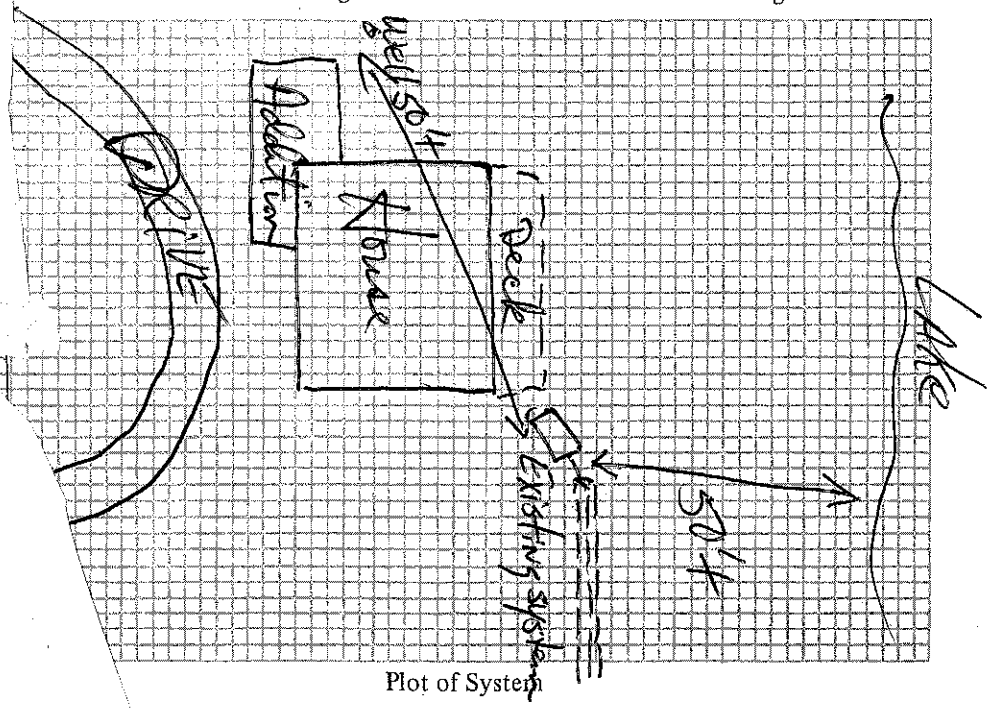
House (✓) Mobile Home ( ) Busines( ) Other Adding Dew & Utility

No. Bedrooms 2 No. Bathrooms 1

age Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil
. Dishwasher	Yes ( )	No (✓)	Percolation Rate
. Wash. Machine	Yes (✓)	No ( )	Topography
Suitable	Yes (✓)	No ( )	Depth to Water Table
			Rock or other impervious formations

t Area Existing

___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
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: _____

/EMENTS PERMIT BY _____

COMMENTS: Existing system working OK at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Mike R. Hinson DATE 7-20-82

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