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 Joe Inman DATE 7/23/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 Rt on Blume, Rt on Patternole, ½ mile on LC

S. R. No. _____

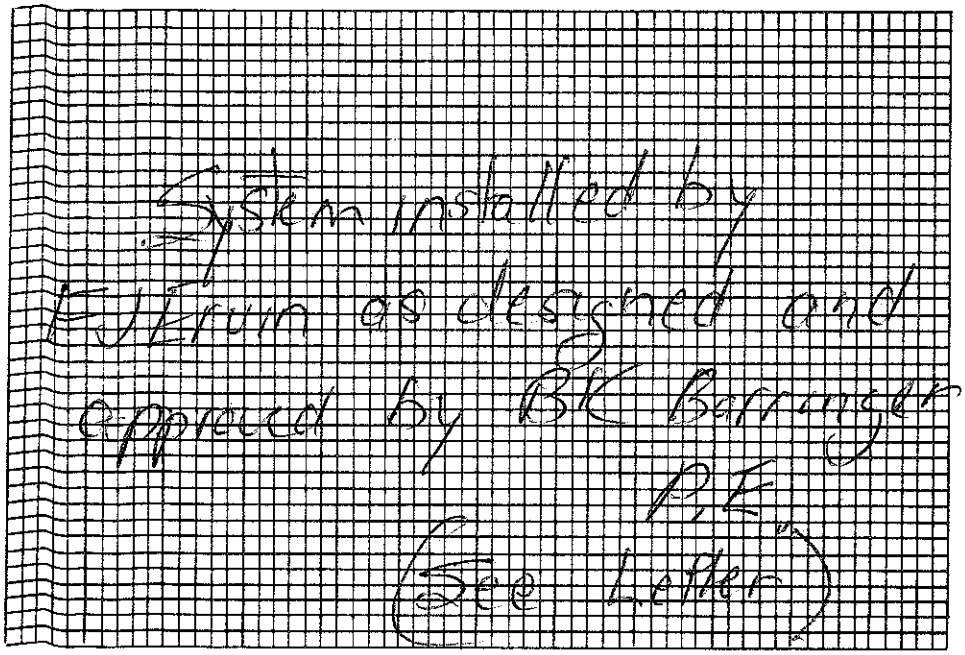
SUBDIVISION NAME CLET LOT NO. 168 SECTION OR BLOCK NO. 9

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Sandy loam topsoil
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	15
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	10-15%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+
Lot Area ✓			Rock or other impervious formations	saprolite/sandrock 9'+ 15"+

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500+1000 gal pump Gals.

Nitrification Field:
No. of Lines 4's shown
Sq. Ft. ✓ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual (✓ To be drilled
Public ( )

Installed by F.N. Irwin

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

Signed: _____

IMPROVEMENTS PERMIT BY Keith Sheek RS

COMMENTS: Sow grass over drainfield area,

CERTIFICATE OF COMPLETION BY Keith Sheek RS DATE 7/29/87

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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