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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 Harry Henderson DATE 7/31/90 PERMIT NO. ZP-8-A-3

PHONE Business ________ Home ________

LOCATION 150 W TL McCrary TL Tara Ln TR Hidden Ln At end on left

S. R. No. ________

SUBDIVISION NAME ________ LOT NO. 3 SECTION OR BLOCK NO. ________

House ( ) Mobile Home (✓) Business ( ) Other ________ Addition to system

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes ( ) No (✓)

~~Site Suitable~~ PS Yes ( ) No ( )

Lot Area ________

Character & Porosity of Soil ________

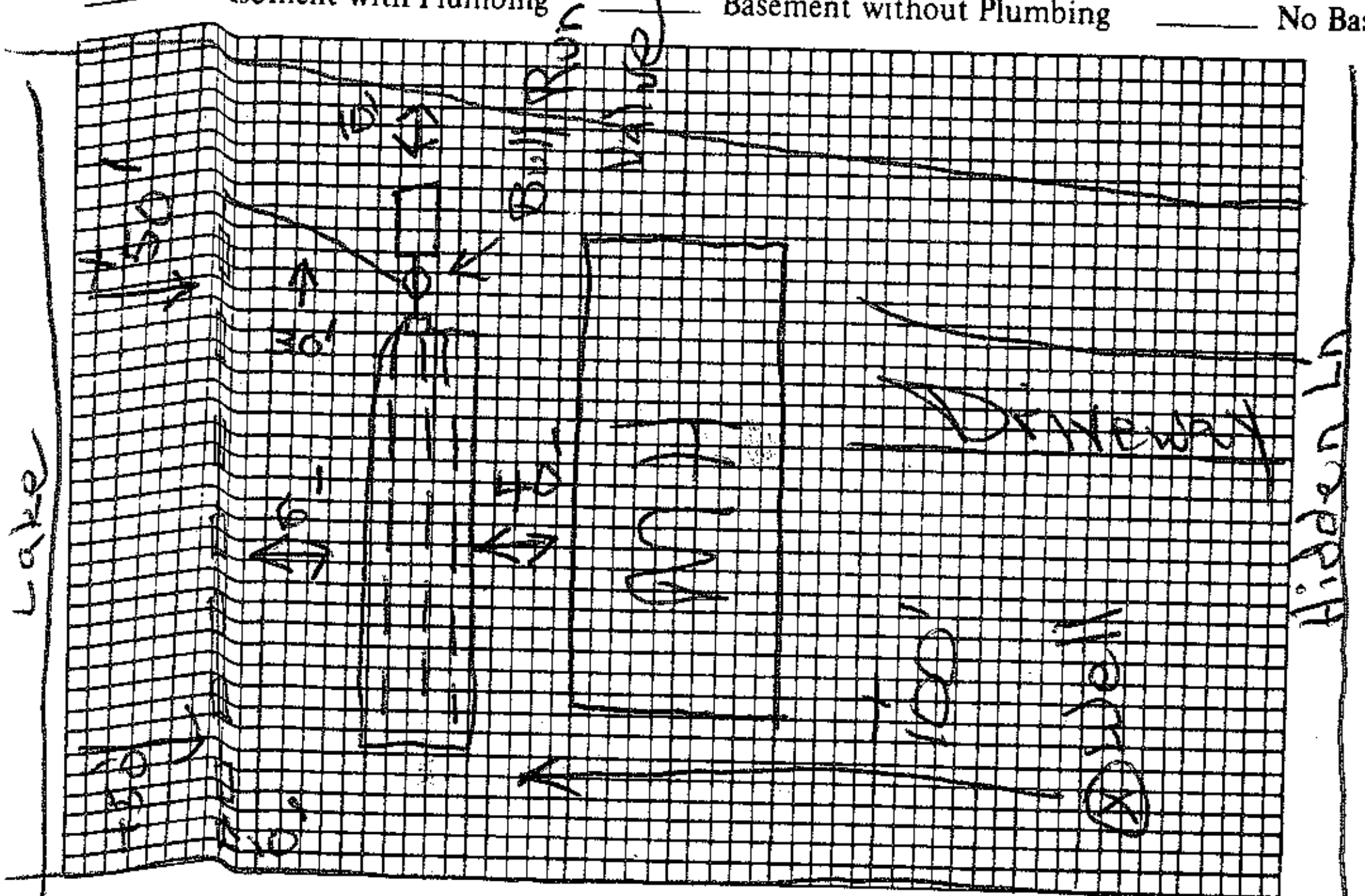
Percolation Rate ________

Topography ________

Depth to Water Table ________

Rock or other impervious formations ________

____ Basement with Plumbing ✓ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. ________ Linear Ft. 75'

Depth of Stone in Lines ~~7"~~ 16" Panel

Water Supply: Individual (✓) Public ( )

Installed by Lashstone Septic

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

Signed: ________

IMPROVEMENTS PERMIT BY ________

COMMENTS: Existing Bed ~10' x 65' Previous MH 2Bdr.

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE 7/31/90

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