4638138531

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 Thomas McCoy DATE Feb. 2, 87 PERMIT NO. 43

PHONE: Business _____ Home _____

LOCATION 150 W. TR 1396 (Robinson Rd.) near end on left

SUBDIVISION NAME L.N. S. R. No. _____

LOT NO. 175 SECTION OR BLOCK NO. 11

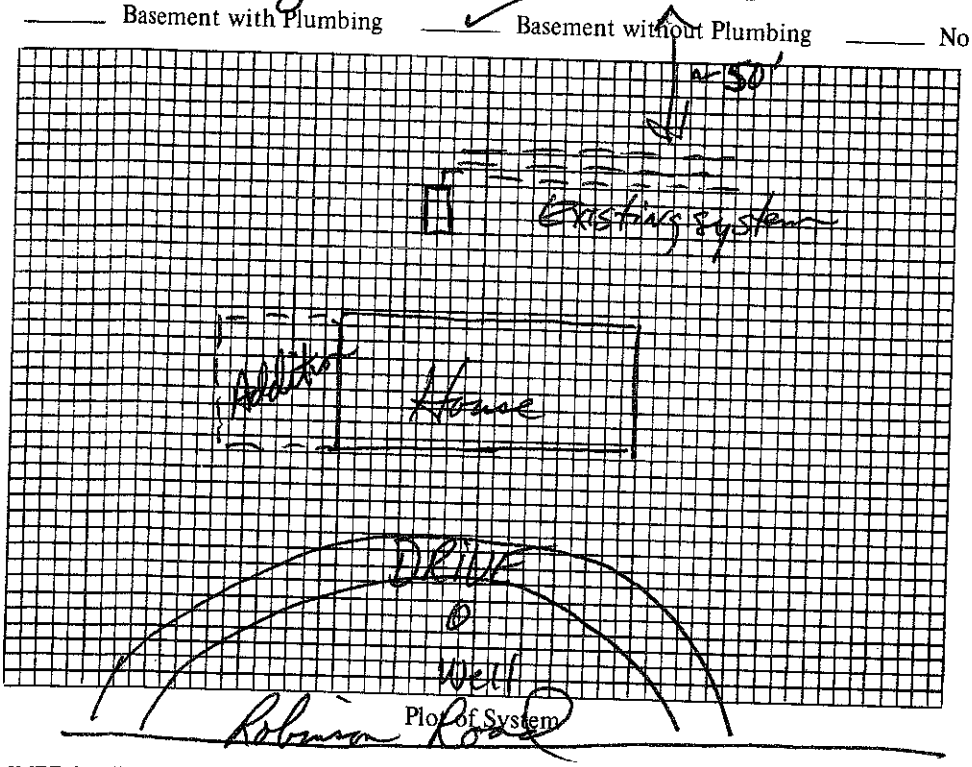
House (✓) Mobile Home ( ) Business ( ) Other Adding Bedroom w/ Addition

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area Existing

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



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: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system OK at time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: J.R. Hinson, R.S. DATE 2-2-87

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