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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 John A. Walker DATE 9/27/90 PERMIT NO. 3C-1-A-33B

PHONE: Business ______ Home ______

LOCATION 150 W TR Perth TL Fernhill TR Bull Finch TR Marietta On left ~1mi Box 188 Walker S. R. No. ______

SUBDIVISION NAME CL + T LOT NO. 33 SECTION OR BLOCK NO. 16

Replacing 2 Bdr MH with 2 Bdr House

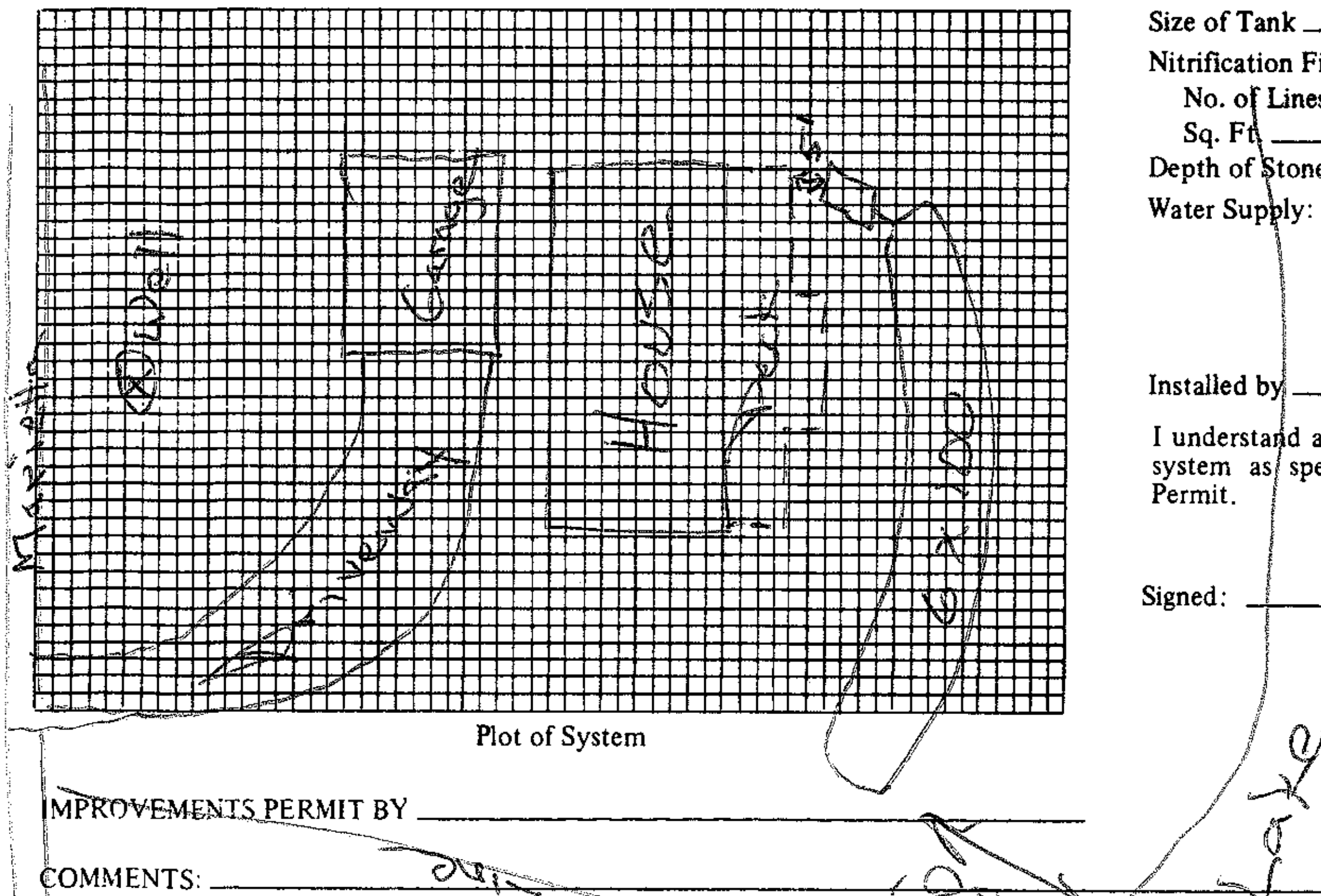
House (✓) Mobile Home ( ) Business ( ) Other Existing see permit John A. Walker 9/21/78

No. Bedrooms 2 No. Bathrooms 3

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 ______

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft ______ Linear Ft. 6x100 Bed

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 appears to be functioning properly due only to no effluent noted on the surface of the ground.

CERTIFICATE OF COMPLETION BY ______ DATE ______

EXISTING SYSTEM CHECKED BY: Sam Ingram EHS DATE 9/27/90

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