12526.

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 A. V. PAPPAS DATE 3-15-91 PERMIT NO. 3C-7-A-55.

PHONE: Business _____ Home _____

LOCATION Morrison Farm Rd. off State Park Rd. - T.L. on Apache Rd. After pavement starts - 1st MH on left. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 55. SECTION OR BLOCK NO. _____

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

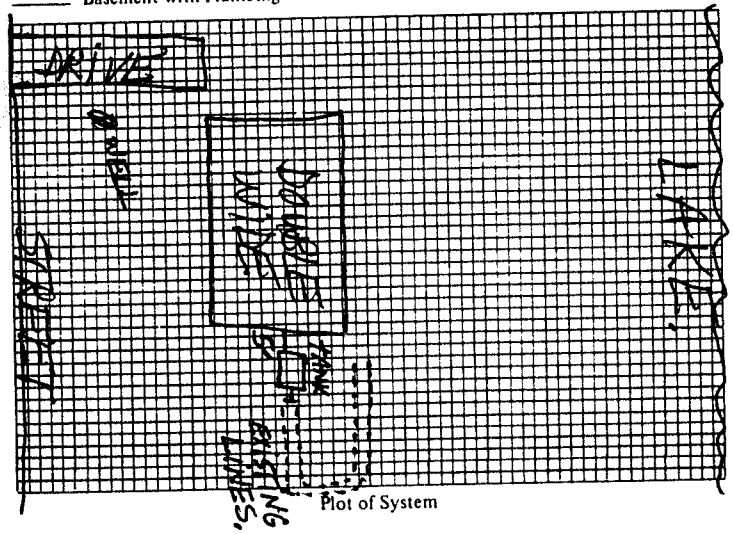
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area EXISTING.

Character & Porosity of Soil EXISTING SEPTIC
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations TANK SYSTEM.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING. Gals.

Nitrification Field:
No. of Lines _____
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 septic tank system functioning properly at the time of inspection. Older mobile home to be removed from property.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY Steve Brown DATE 3-15-91.

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