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 Richard ~~Hall~~ Haupt DATE 6/30/89 PERMIT NO. D-17

PHONE: Business _____ Home _____

LOCATION 150 W, Rt on Perth, Lf on Fern Hill, Lf on Bagby, Lf on Kenway, 100 yds on Rt S. R. No. _____

SUBDIVISION NAME CLET LOT NO. 1027 SECTION OR BLOCK NO. 15

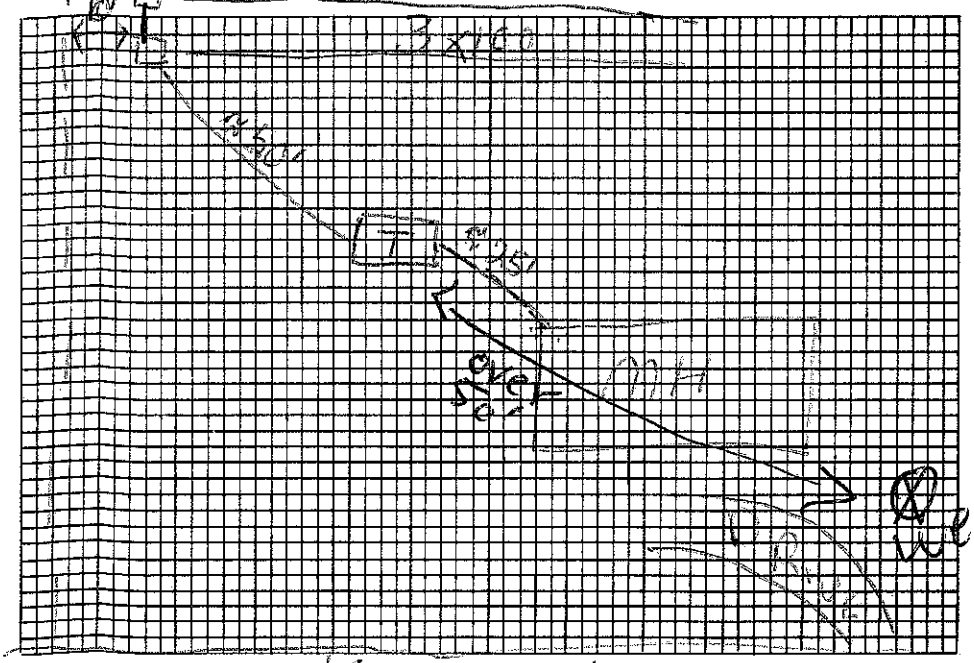
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	0-4 spm/ft²	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	10-25%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4 ft	
			Rock or other impervious formations	None Noted	

Lot Area 1.3 acres

_____ Basement with Plumbing 100' Basement without Plumbing _____ No Basement



Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )

Installed by Tim Smith

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

Signed: _____

IMPROVEMENTS PERMIT BY David R. Hinson RS

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Kelly Sheeks J.C. moore Robert Pierce DATE 7-3-89

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