IREDELL COUNTY HEALTH DEPARTMENT 4639360272

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Charles Schneider DATE 1-8-87 PERMIT NO. 12

PHONE: Business ______ Home ______

LOCATION 1303 N TL 1300 TR 1471 (Tenn. ~~Circle~~ circle) TL at fork
5th lot on left S. R. No. ______

SUBDIVISION NAME ______ LOT NO. 73 SECTION OR BLOCK NO. 16

House (✓) Mobile Home ( ) Business ( ) Other adding bedroom, bath, & living room

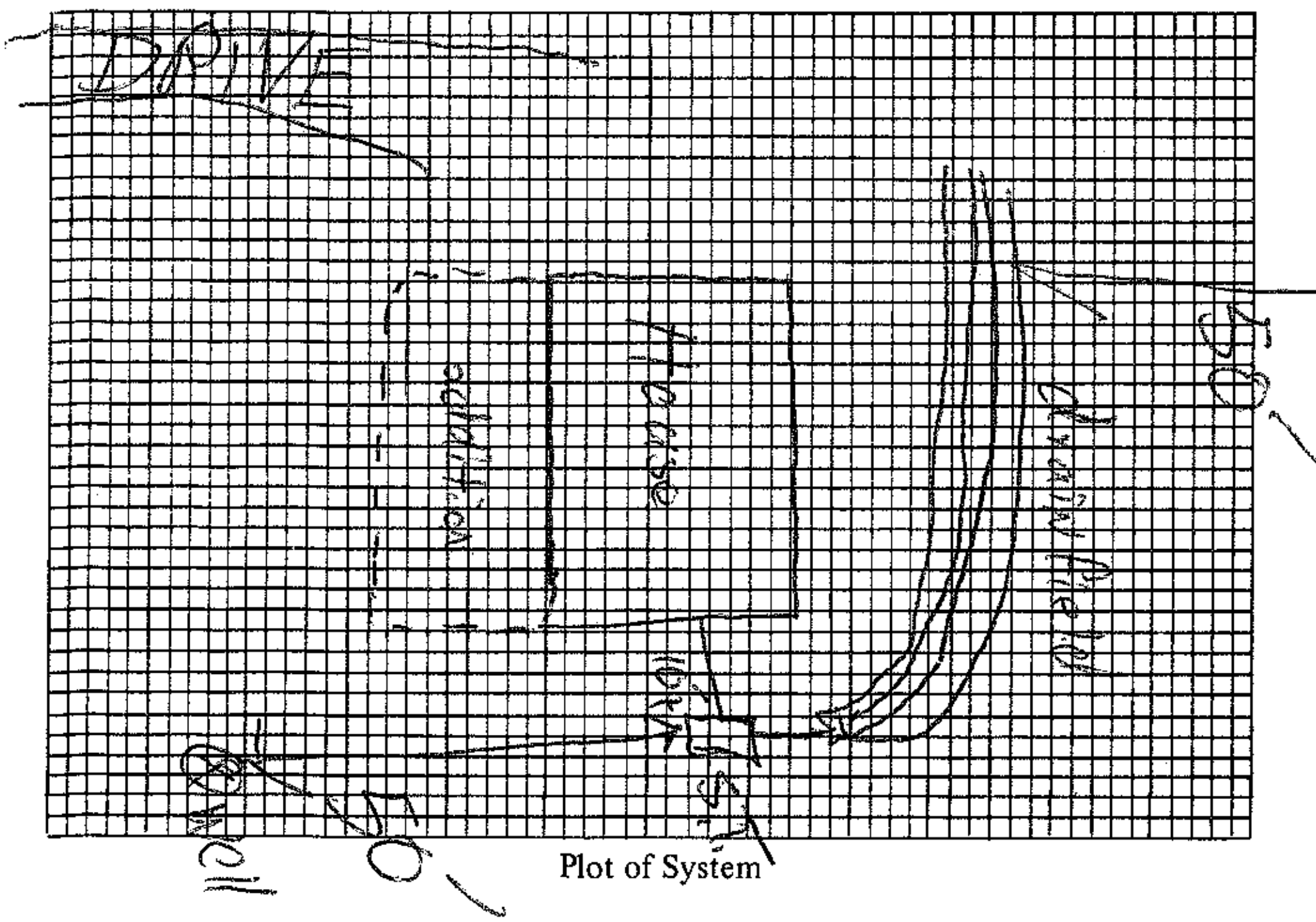
No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil ______
Percolation Rate ______
Topography ______ Existing
Depth to Water Table ______
Rock or other impervious formations ______

Lot Area Existing

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank ______ Gals.
Nitrification Field: Existing
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 system working OK at date of inspection OK to add bedroom, bath, & living room

CERTIFICATE OF COMPLETION BY ______ DATE ______
EXISTING SYSTEM CHECKED BY: Charles K. Barnett R.S. DATE 1-8-87

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