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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 Bobby Hinson DATE 5/11/89 PERMIT NO. 17B

PHONE: Business _____ Home 434-7433

LOCATION 150 W. TL Perth TL Fern Hill TR Tennessee On R. ~ ½ mile.

SUBDIVISION NAME CL and T S. R. No. 1471

LOT NO. 87 SECTION OR BLOCK NO. 16

3C-1-A-87

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

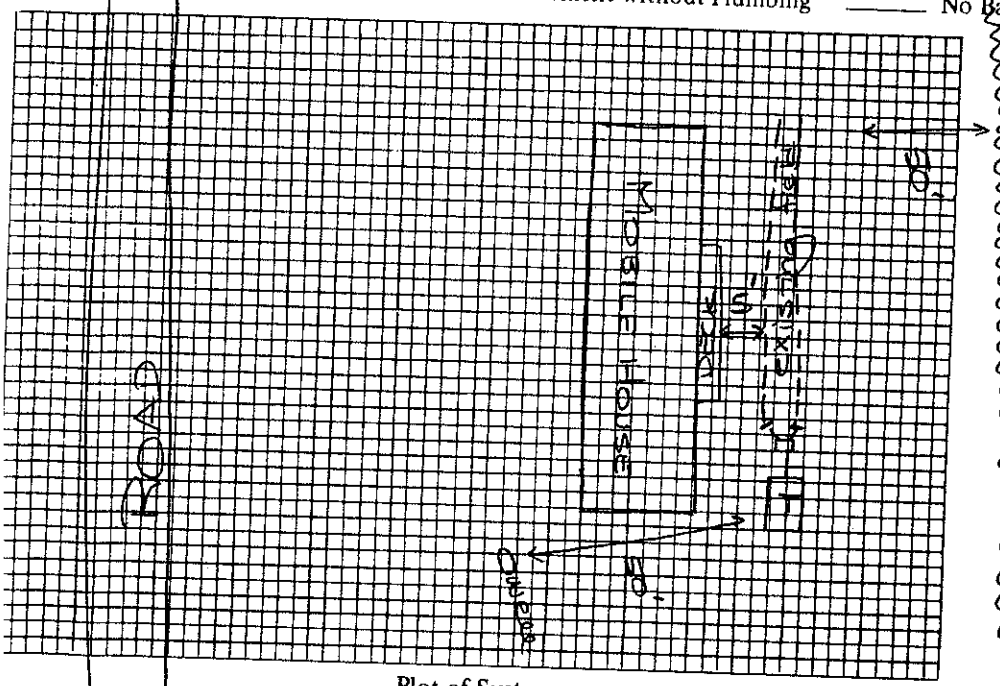
No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil clay - existing
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area .77 Acre

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank existing Gals.
Nitrification Field:
No. of Lines existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines existing
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 ~~Andie C. Pierce~~ ACP 5/11/89

COMMENTS: No sign of sewage effluent surfacing at the time of this inspection. # of bedrooms not changing therefore flow rate not increasing

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andre C. Pierce DATE 5/11/89

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